State of Indiana

Family and Social Services Administration (FSSA)

Indiana Office of Medicaid Policy and Planning (OMPP)

State Medicaid Health Information Technology Plan

State Medicaid Agency Contacts:

Allison Taylor, State Medicaid Director:
317-234-8725, Allison.Taylor@fssa.in.gov

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Table 1: SMHP Document Version Control History

Version Number	Date	Revision History	Author(s)
1.0	December 2010	Indiana HIT SMHP first draft submitted to OMPP for review	Fox Systems
1.06	January 2011	Indiana HIT SMHP submitted to CMS	Jared Linder
1.09	March 2011	Indiana HIT SMHP resubmitted to CMS based on feedback	Jared Linder
1.10	April 2011	Indiana HIT SMHP resubmitted to CMS with required changes in accordance with CMS' April 4, 2011 Letter and Enclosures A, B, and C sent to Pat Casanova, Indiana Medicaid Director. Pat Casanova received CMS' approval of the IN HIT SMHP V1.10 by Rick Freidman via email dated April 26, 2011.	Jared Linder, Pat Casanova
1.11	March 2012	Indiana HIT SMHP developed as an annual update to be submitted to CMS; applied the State Medicaid HIT Plan (SMHP) Template to the Indiana 2012 Annual Update of the SMHP; and Applied the FSSA HIT Coordinator and HIT Project Manager changes to reflect document as the final version.	Amie Redmon, Jared Linder, Pat Casanova
2.0	March 2013 and May 2013	Numerous minor updates across the entire document. Areas which changed most significantly include: Update on Medicaid-related HIT activities Update on "as-is" HIT landscape including adoption of e- prescribing and electronic transmission of continuity of care information Update on status of statewide HIE initiatives/activities Update on status of related initiatives such as the projects funded by Beacon grant awards and developments in statewide broadband-class communications deployment Reaffirmation of Indiana's to-be vision and roadmap for HIT and HIE in support of its medical assistance programs (Indiana Health Care Programs) Update on other Medicaid IT and IT-related initiatives such as MMIS, enterprise data warehouse and PBM with enhanced IT capabilities Update on EHR incentive program's administrative structure, system capabilities (the latter focused on MAPIR) and ongoing provider communication and outreach efforts Update on the EHR incentive program's Audit Strategy (also refer to the Audit Plan submitted to CMS) Per feedback from CMS received in May 2013: added to sections 4.8, 4.12 and 4.13 and provided a completed 2013 State Medicaid Changes Checklist as an addendum Indiana HIT SMHP Final update submitted to CMS	Health Management Associates, Carenza Love

Version Number	Date	Revision History	Author(s)
3.0	May 2014	Numerous minor updates across the entire document. Areas which changed most significantly include: Update on summary of activities conducted during Year 3, and key program statistics update Update on transition of state level designated entity HIT/HIE leadership from IHIT to FSSA Update on electronic information exchange statistics Removed entire section on IHIT governance Update on executive leadership description Update on timeline of key state Medicaid HIE/HIT initiatives Update on requirements for pre-payment review of attestation verification Removed section on coordination with IHIT Updates on the State's Audit Strategy Indiana HIT SMHP Final update submitted to CMS	Carenza Love
4.0	June 2014	Numerous minor updates across the entire document. Areas which changed most significantly include: Update most SMHP-U and APD-U submission and approval dates Summary of HIT activities conducted during Year 4 and key program statistics update MITA self- assessment completion update	Carenza Love
4.1	April 2016	Addendum for Modifications to Meaningful Use in 2015- 2017 Final Rule Table for changes to Eligible Professional (EP) Meaningful Use objectives and reporting periods Table for changes to Eligible Hospital (EH) Meaningful Use objectives and reporting periods	Myers and Stauffer, L.C.
5.0	August 2016	Full rewrite and/or update to all sections and subsections The State's HIT Roadmap added as required by CMS in 2015	Myers and Stauffer, L.C.
6.0	February 2017	Option for providers to attest to Stage 3 in 2017 Updates to program year 2017 Meaningful Use requirements OPPS Rule, including 90-days EHR Reporting Period and Measure calculation timeframe Medicare Quality Payment Program, including updates to the definition of Meaningful EHR User and demonstration of updated definition via attestation	Kendra Walls
7.0	June 2020	Summary of HIT activities Promoting Interoperability statistics Regional Extension Center Provider Eligibility Determination Processing Payments to Providers Incentive Payment Recoupment	Briljent, LLC

Version Number	Date	Revision History	Author(s)
7.1	October 2020	Addendum for additional information regarding: EHR Adoption Rates Update on grants HIE activities planned for 12 months Identified need for grant to Federally Qualified Health Centers (FQHCs) from Health Resources and Services Administration (HRSA) HIT/EHR funding Checks and sanctions during SMA reviews and verification Process for automated queries on claims and encounters Verification details of Meaningful Use and CEHRT Revised Audit Strategy and detail General benchmarks and expectations on progress from moving from As-Is to To-Be status	Briljent, LLC

Table 2: List of Key Acronyms and Definitions

Acronym	Definition
ACA	Affordable Care Act
ACL	Administration for Community Living
ADT	Admit, Discharge, Transfer
AHRQ	Agency for Healthcare Research and Quality
AIU	Adopt, Implement or Upgrade
AR	Accounts Receivable
CAH	Critical Access Hospital
CCD	Continuity of Care Document
CCN	CMS Certification Number
CEHRT	Certified Electronic Health Record Technology
CHC	Community Health Center
CHIP	Children's Health Insurance Program
CHIRP	Children and Hoosier Immunization Registry Program
CHPL	ONC Certified EHR Health IT Product List
CIO	Chief Information Officer
CMO	Care Management Organization
CMS	Centers for Medicare & Medicaid Services
CPOE	Computerized Physician Order Entry
CQM	Clinical Quality Measure
CY	Calendar Year
D4D	DOCS4DOCS®
DA	Division of Aging
DDRS	Division of Disability and Rehabilitative Services
DFR	Division of Family Resources
DMHA	Division of Mental Health and Addiction
DUA	Data Use Agreement
DXC	(Formerly known as Hewlett Packard [HP])
ED	Emergency Department
EDW	Enterprise Data Warehouse
EH	Eligible Hospital
EHR	Electronic Health Record
ELR	Electronic Laboratory Reporting
EP	Eligible Professional
ESB	Enterprise Service Bus
ESSENCE	Electronic Surveillance System for the Early Notification of Community-based Epidemics
FA	Fiscal Authority
FCC	Federal Communications Commission
FFP	Federal Financial Participation
FEMA	Federal Emergency Management Agency
FFS	Fee-for-Service
FFY	Federal Fiscal Year
FQHC	Federally Qualified Health Center
FSSA	Indiana Family and Social Services Administration
FWA	Fraud, Waste, and Abuse

Acronym	Definition
GUI	Graphical User Interfaces
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services
HIE	Health Information Exchange
HIP	Healthy Indiana Plan
HIPAA	Health Insurance Portability and Accountability Act
HISP	Health Information Service Provider
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
HITRUST CSF	Health Information Trust Alliance Common Security Framework
HL7	Health Level Seven International
IAC	Indiana Administrative Code
IAPD	Implementation Advance Planning Document
IAPD-U	Implementation Advance Planning Document Update
IHA	Indiana Hospital Association
IHCP	Indiana Health Coverage Programs
IHIC	Indiana Health Informatics Corporation
IHIE	Indiana Health Information Exchange
IHIT	Indiana Health Information Technology, Inc.
IHS	Indian Health Services
IIS	Immunization Information System
INPC™	Indiana Network for Patient Care™
INSPECT	Indiana Scheduled Prescription Electronic Collection and Tracking Program
IPHCA	Indiana Primary Health Care Association
IPPS	Inpatient Prospective Payment System
IRS	Internal Revenue Service
ISDH	Indiana State Department of Health
IT	Information Technology
ITN	Indiana Telehealth Network
LEIE	List of Excluded Individuals Entities
LTC	Long-term Care
MAPIR	Medical Assistance Provider Incentive Repository
MCE	Managed Care Entities
MED	Medicare Exclusion Database
MHIN	Michiana Health Information Network
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MOU	Memorandum of Understanding
MPH	Management Performance Hub
MSLC	Myers and Stauffer L.C.
MTF	Camp Atterbury Medical Treatment Facility
MU	Meaningful Use

Acronym	Definition
NCD	Notifiable Conditions Detector
NCQA	National Committee for Quality Assurance
NPPES	National Plan and Provider Enumeration System
NPI	National Provider Identifier
OMPP	Office of Medicaid Policy and Planning
ONC	The Office of the National Coordinator
OPPS	Outpatient Prospective Payment System
PAPD	Planning Advance Planning Document
PCCM	Primary Care Case Management
PCDH	Patient Centered Data Home
PDMP	Prescription Drug Monitoring Program
PECOS	Provider Enrollment, Chain and Ownership System
PHA	Purdue Healthcare Advisors
PHC	Public Health Connection
PHESS	Public Health Emergency Surveillance System
PHI	Protected Health Information
PI	Promoting Interoperability Program
PTN	Practice Transformation Network
PY	Program Year
R&A	Medicare & Medicaid EHR Incentive Program Registration & Attestation System
RAI	Request for Additional Information
REC	Regional Extension Center
RHC	Rural Health Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SDE	State Designated Entity
SHIEC	Strategic Health Information Exchange Collaborative
SHIECAP	State Health Information Exchange Cooperative Agreement Program
SMHP	State Medicaid Health Information Technology Plan
SOA	Service Oriented Architecture
SSA	Social Security Administration
STC	Scientific Technologies Corporation
SUR	Surveillance Utilization and Review
TA	Technical Assistance
TCPI	Transforming Clinical Practice Initiative
TIN	Taxpayer Identification Number
UMTRC	Upper Midwest Telehealth Resource Center
VLER	Virtual Lifetime Electronic Record
VXU	Unsolicited Vaccination Record Update

Introduction and Overview

The Indiana Family and Social Services Administration (FSSA) in conjunction with The Office of Medicaid Policy and Planning (OMPP) is the State entity responsible for administering the Indiana Medicaid program with approximately 1.46 million enrollees[1]. FSSA continues its commitment to improving the quality of care for Medicaid beneficiaries in the State and the health status of this population and strongly believes that health information technology (HIT) has a significant impact on health care quality, outcomes and health status. Thus, FSSA remains committed to its continuing work with health care providers to better serve their patients through data sharing of electronic health information and meaningful use of HIT.

The implementation of the Medicaid Promoting Interoperability Program (formerly the Electronic Health Record (EHR) Incentive Payment Program) initiative (hereafter referred to as the "Promoting Interoperability Program" or "PI Program") remains a major cornerstone towards improving provider access to, and use of, electronic health information that should lead to improved health outcomes and status for Medicaid members. Since May 2, 2011, the State of Indiana has been operating its Promoting Interoperability Program per 42 CFR Parts 412, 413, 422, 495, et al. Funding for the Program is provided at a 90% match by the Centers for Medicare & Medicaid Services (CMS), while the State of Indiana provides the additional 10% matching funds for program administration activities.

In order to participate in the Promoting Interoperability Program, a State Medicaid Health Information Technology Plan (SMHP) must be submitted and approved by CMS. Moreover, a Medicaid HIT Implementation Advance Planning Document (I-APD) must be submitted by the State and approved by CMS before federal funding can be accessed for program administration and incentive payments to eligible professionals (EPs), eligible hospitals (EHs) and Critical Access Hospitals (CAHs). The State's first SMHP and Medicaid HIT I-APD was approved by CMS in April 2011 The State submitted and CMS approved an SMHP addendum for the Modifications to Meaningful Use (MU) in 2015-2017 final rule in March 2016; an SMHP update in 2017, and currently this updated comprehensive SMHP in 2020. Updates to the IAPD (IAPD-U) were submitted and approved in 2015, 2018, and is submitted and partially approved pending resolution of a request for additional information (RAI) in 2020.

Iterative planning phases will allow Indiana to continue aggressively pursuing health information exchange (HIE) and interoperability solutions for Medicaid providers that will eliminate redundant costly interfaces and provide open architecture solutions for systems and healthcare data. This plan will document pursuit of planning and action relevant to FSSA's strategy for advancing Health Information Technology (HIT) and statewide HIE in Indiana by supporting the design, development, testing, and implementation of core infrastructure and technical solutions. The goal is to promote health information exchange among Medicaid Eligible Professionals (EPs) and Eligible Hospitals (EHs).

Indiana is firmly committed to continuing operation of the Promoting Interoperability Program in order to improve and promote the quality of care for Medicaid beneficiaries in the state. Through approved collaborations with healthcare providers, Public Health agencies, regional partners, software providers, stakeholders, and government specialists, Indiana has been on a path to enhance and advance the Promoting Interoperability Program. As the HITECH funding and Promoting Interoperability Program is on track to phase out by the end of calendar year (CY) 2021, Indiana must adjust its planning for sustainability beyond 2021 and seek to merge the planning with the entire Medicaid enterprise and its impact to MITA (Medicaid IT Architecture) business processes. Because Indiana has completed state fiscal year 2019 and is preparing to close out state fiscal year (SFY) 2020, data in this plan reflects CY 2019 and early 2020 data.

[1] Kaiser Family Foundation - State Health Facts, September 2019 Total Monthly Medicaid and CHIP Enrollment (Indiana)

The State submitted the most recent IAPD-U in February 2020, in the continued support of the following key activities:

- Continue daily operations of the Promoting Interoperability Program, which includes program management activities, program coordination and representation, application processing, eligibility determination and verification, provider communication and outreach, audits and investigations, and CMS document updates to reflect changes.
- Continue incorporation and administration of Stage 3 Objectives and Measures for Program Year 2019 attestations and beyond, including the Medical Assistance Provider Incentive Repository (MAPIR) releases, updates, and enhancements, as necessary. Indiana shall continue its participation in the MAPIR Collaborative, which consists of 14 states. MAPIR version 6.2.1 is currently operational.
- Continue Promoting Interoperability Program audits on EPs and EHs. Indiana is proud to report they are up to date on their audit cycle.
- Audit Guide is being updated to incorporate any new applicable rules and regulations. The Guide is updated annually in Indiana and will be completed in the first half of 2020.
- Continue assistance and support from PHA (on behalf of Purdue University), providing PI services for eligible providers and organizations. Assistance and support will evolve and expand to include security risk assessments, external vulnerability scans, and technology wellness checks.
- An HIE Maturity Model Assessment was completed in March 2019.
- The addition of a contracted Subject Matter Expert to assist Indiana with a framework by which to promote and encourage collaboration on a statewide strategy related to health information sharing and technology.
- Purdue Healthcare Advisors embarked on two pilot projects; one to assist small practices with opioid abuse assessments and incorporating prescription drug monitoring into their workflows, and the other to assist with the quality and cost of care for Indiana Medicaid long term care patients. Both projects are having success and are seeking approval to continue.
- Indiana's State Department of Health has had success with their initial implementation of a Public Health Hub and seek approval to complete their goals and activities surrounding the project.
- Indiana is one of only a few states thus far to submit and receive approval (on October 28, 2019) for their SUPPORT Act IAPD.
- Create a model to coordinate HIT/HIE governance and provide strategic oversight to support and guide the direction of Indiana's HIE transformations. Governance remains a necessary step in creating a sustainable HIE environment and ecosystem by engaging and meeting the needs of all key stakeholders (i.e., FSSA, Public Health, payers, HIEs, and providers).

Promoting Interoperability Program Overview

Implementation and promoting interoperability of CEHRT has improved access to health information for Indiana Medicaid members and providers. Certified EHRs facilitate easier coordination of care for the many providers who may be treating a Medicaid patient and provide patients with more readily accessible information needed to make important decisions about their health care. Indiana Medicaid will have access to clinical and administrative information for children, pregnant women, disabled individuals, and adult populations and will use this information to improve coordination of care and health outcomes for those Hoosiers served.

The State of Indiana has adopted the national goals for the Promoting Interoperability Program; these include:

1. Enhance care coordination and patient safety;
2. Reduce paperwork and improve efficiencies;

3. Facilitate electronic information sharing across providers, payers, and state lines; and
4. Enable data sharing using state HIEs and the Sequoia Project eHealth Exchange (eHealth Exchange).

Achieving these goals is ongoing and will improve health outcomes, facilitate access, simplify care, and reduce costs of healthcare nationwide. In accordance with provisions within the American Recovery and Reinvestment Act (ARRA), OMPP implemented the Indiana Medicaid Promoting Interoperability Program to provide incentive payments to eligible EPs, EHs, and CAHs. Additionally, OMPP has worked closely with federal and state partners to ensure the PI Program aligns with internal initiatives, thereby advancing state-level and national goals for HIE.

The incentive payments directed to EPs, EHs, or CAHs are not reimbursement for services rendered by these providers; they are issued to incentivize the adoption, implementation or upgrade of CEHRT and the subsequent meaningful use of CEHRT as defined by CMS. OMPP elected to leverage business processes throughout the agency and, where feasible, integrate the Indiana PI Program into the standard Medicaid Information Technology Architecture (MITA) business processes and OMPP's day-to-day operations. During the Implementation Phase, OMPP developed state-specific business processes where a MITA business or organizational process was not identified. Examples of these processes include Indiana PI Program eligibility, Indiana Health Care Programs (IHCP) member volume, attestation receipt and validation, and provider registration and query to the National Plan and Provider Enumeration System (NPPES).

The following information is incorporated into this SMHP in accord with CMS guidance. In February 2017, Indiana prepared an addendum to the SMHP which showed how Indiana would plan to address the new requirements, as outlined in the Stage 3 portion of the 2015-2017 Modification Rule, the OPPS Rule, and the Medicare Quality Payment Program (QPP) Summary of HIT Activities to Date for Years 2016 – 2019. The 2017 SMHP addendum included the option for eligible providers (EPs) to attest for Stage 3 in 2017; as well as updates to PI requirements including a provision to protect PHI by implementing appropriate technical, administrative and physical safeguards; returning and new participants attested to a 90-day reporting period for Program year 2017; and, measure calculation timeframe to include that numerator actions must occur within the EHR reporting period.

Summary of HIT Activities

Major Program achievements in Indiana for years 2017-2019 in Indiana have included, but were not limited to:

- Program Years 2016, 2017 and 2018 of the Promoting Interoperability Program in Indiana have opened and closed for attestations according to CMS guidelines. Indiana has not recently requested attestation extensions due to administrative or regulatory issues.
- Indiana continues to be up to date on post-attestation audits. The Guide is updated annually in Indiana and will be completed in the first half of 2020.
- Indiana continues to be a part of the MAPIR Collaborative, along with 13 other states. Indiana is currently on version 6.2.1 of MAPIR.
- The Audit Guide is currently being updated to incorporate any new applicable rules and regulations. The Guide is updated annually in Indiana and will be completed in the first half of 2020.
- An HIE Maturity Model Assessment was completed in March 2019.
- The addition of a contracted Subject Matter Expert to assist Indiana with a framework by which to promote and encourage collaboration on a statewide strategy related to health information sharing and technology.
- Purdue Healthcare Advisors embarked on two pilot projects; one to assist small practices with opioid abuse assessments and incorporating prescription drug monitoring into their workflows, and the other to assist with the quality and cost of care for Indiana Medicaid long term care patients. Both projects are having success and are seeking approval to continue.

- Indiana's State Department of Health has had success with their initial implementation of a Public Health Hub, and seek approval to complete their goals and activities surrounding the project.
- Indiana is one of only a few states thus far to submit and receive approval (on October 28, 2019) for their SUPPORT Act IAPD.
- The State Psychiatric Hospitals implemented Cerner EHR as an enterprise clinical solution across all six state facilities.

Table 3: Indiana Medicaid Promoting Interoperability Program Statistics 2019 (as of October 2019 extract)

Type	Amounts/Totals	3-Year Trend
Eligible Professionals		
Unique EP Count	3,691	28%
# AIU Payments	3,413	23%
AIU Payment Total	$72,058,772.00	23%
# MU Payments	5,670	167%
MU Payments Total	$49,989,945.00	162%
Total EP Payments to Date	**$122,048,717.00**	57%
Eligible Hospitals		
Unique EH/CAH Count	117	-6%
# AIU Payments	101	1%
AIU Payment Total	$62,446,544.78	0%
# MU Payments	214	8%
MU Payments Total	$71,729,219.77	5%
Total EH/CAH Payments to Date	**$134,175,764.55**	3%
GRAND TOTAL	***$256,224,481.55***	23%

Historically, in the first three (3) Federal Fiscal Years (FFYs) of the Promoting Interoperability Program, OMPP estimated that approximately 3,225 EPs and 76 EHs in the state of Indiana would receive $148 million in Incentive Payments covered at 100% federal financial participation (FFP) under ARRA. The EH estimation was exceeded including attestations and payments in early 2015 while outreach efforts continued to include potential EPs in PY 2016, the last year to attest to AIU and/or join the Medicaid PI Program.

However, over the time period of 2016 through 2019, OMPP has experienced increases across almost all categories of Promoting Interoperability Program statistics and tracked overall general trend increases which demonstrate Indiana's strong interest in the Program, especially from those providers in the Eligible Professional type category as illustrated in Table 3.

Summary of Indiana's HIT Future

OMPP recognizes that the Medicaid Program continues to play a significant role in transforming health care in Indiana and has developed its vision for HIT to address many of the challenges of integration with existing networks.

The recent replacement of the MMIS was a priority project for OMPP. The new MMIS, referred to in Indiana as *Core*MMIS, went into full production in February 2017 and provides improved functionality including Service Oriented Architecture (SOA), Enterprise Service Bus (ESB), a rules engine, and automated workflow functions that support HIT/HIE efforts. The focus aimed at implementing new technology and then leveraging this technology as an integral part of the statewide HIT solution. Implementation of EHRs have improved access to health information for Indiana Medicaid members and providers. EHRs facilitate easier and quicker coordination of care for the many providers who may be treating a Medicaid patient and provide patients with more readily accessible information needed to make important decisions about their health care.

FSSA has been engaged with Indiana Health Information Exchange (IHIE), formerly the largest of four HIEs in the state, and now the solitary HIE operating in Indiana, for at least six years. The primary data use currently is sharing of Medicaid claims information. IHIE also has varied levels of clinical alerting and exchange directly with the four Medicaid Managed Care Entities (MCEs). Through 2019, and continuing in 2020, IHIE is collaborating with FSSA on use cases and additional information exchanges to provide clinical data as well.

Additionally, the Indiana State Department of Health (ISDH) receives immunization and laboratory result information for the public health registries. As ISDH continues to improve its data infrastructure via the PI Portal Project, it will allow them to explore additional data feeds to receive from HIE and other sources, such as the state's PDMP (INSPECT).

OMPP has continued to issue incentive payments for the Promoting Interoperability Program, though many of the Eligible Providers and all of the Eligible Hospitals, have received their final payments. Only providers who started later in the PI Program will be receiving payments in the remaining time of the Program. OMPP will maintain the operations of the Program through its sunset at the end of CY 2021 as well as the audit activities required for runout in 2021-2023.

OMPP has expanded planning HIE projects beyond traditional Medicaid to include additional divisions and agencies.

- One project planned for acquisition of a care coordination platform for DMHA that will support both a Health Homes pilot focused on Serious Mental Illness (SMI) and the Primary Care Behavioral Health Integration (PCBHI) Program.
- Another project is to support IHIE clinical data exchange with the Department of Corrections (DOC) EHR, with the intent of future projects to include alerting and clinical data exchange to the MCEs upon release from a correctional facility for improved transitions of care and hospital readmission reduction.

Advancing Indiana's MITA maturity within each of the current MITA Business Areas will also continue. Following are just some of the initiatives designed to further the State's MITA capability maturity:

- Enhancement phases of the MMIS (*Core*MMIS);
- The implementation of a Data Governance program to support the Enterprise Data Warehouse (EDW), now known as the Decision Support System (DSS);
- Enhancements to the DSS including:
    - Data Quality Control & Quality Assurance Initiatives
    - DSS Data Governance
    - Data Integration, Prioritization, and Acquisition
    - Build Business Intelligence and Analytical Capacity
    - Re-Architecture Warehouse - Enhance DSS Operability and Access (Standardize and Improve Data Delivery and Business Intelligence Operations)

- Clinical Care Coordination and Integration

- Enhancements to Department of Mental Health and Addictions data within the EDW.
- Pharmacy Benefits Management (PBM) solution and vendor

    - PBM vendor, OptumRx, has responsibility for all facets of the day-to-day operational administration of the FFS pharmacy benefit for the Indiana Health Coverage Programs (IHCP):

        - Adjudication
        - Payment of pharmacy claims
        - Call center operations
        - Prior authorizations
        - Auditing of pharmacies
        - Rate setting

    - PBM vendor technology augments OMPP's current capabilities, and those of its program providers and vendors, to facilitate integration across OMPP's entire Medicaid pharmacy benefit management (PBM) enterprise. Using this approach, technology creates value for OMPP only to the extent that it enables OMPP's business strategy.

        - OMPP establishes the business direction and the PBM delivers the tools that help to accomplish OMPP's goals.

            - For example, efficient and flexible claims adjudication platform and expansive, evidence-based clinical rules engine accommodate virtually any benefit configuration or ad hoc modification with speed and accuracy while helping prevent fraud, waste and abuse.
            - Real-time audit system has several distinct advantages accommodating a high volume of audits annually, correcting mis-billed claims usually occurs *prior* to payment, often before members pick up their prescriptions. Applied to 100 percent of claims, these combined programs within our systems significantly reduce the number of incorrect claims for benefit plan coverage.

- Development of a HITECH-MITA Sustainability Plan to map and transition HIT/HIE activities within the MITA framework;
- Design, pilot, and deployment of an Integrated Eligibility Determination Services System (IEDSS) solution from Deloitte for determining eligibility for human service programs, including those that serve the State's Medicaid population.

    - Piloting IEDSS at select sites and regions commenced in 2019 and continues through 2020 to allow for a longer stabilization period. Iterative wave rollout is planned to follow. The following programs are examples of those impacted by IEDSS:

        - Medicaid Children's Health Insurance Program (CHIP)
        - Supplemental Nutrition Assistance Program (SNAP)
        - Child Care
        - Temporary Assistance to Needy Families (TANF)

- The Case Management for Social Services (CaMSS) system replaces the legacy INsite system and provide a platform for the delivery of comprehensive Case Management services for future multiple Divisions within FSSA as well as numerous external partners. The Division of Aging (DA), which delivers

home and community-based Medicaid waiver services to elderly and disabled adult individuals; and, the Division of Mental Health and Addiction (DMHA) are the initial users of this new system. The DA has also defined numerous business process improvements which are being implemented within the CaMSS system. These process adjustments will be evaluated and established iteratively at the time of system implementation and allowing for a stabilization period.

Section A. Indiana's "As Is" HIT Landscape

Indiana's third environmental scan (e-scan), also referenced as HIE Assessment, was conducted in early 2019 to assess the status of Indiana's HIT landscape. FSSA leadership vision and related planning was found to be fundamentally aligned with CMS-MITA Level 3 and HISMM Level 5 capability maturity. While further strategic and tactical planning is necessary in order to effectively fulfill this vision as outlined in this assessment, it is anticipated that the demonstrated commitment evidenced by FSSA leadership will ultimately achieve this.

The assessment finding for the Current-State ("As-Is"), the Target-State ("To-Be"), and the Improvement Blueprints serve to inform a Roadmap to achieve the Target-State.

Adoption rates for electronic health records (EHR) are at 100% adoption for eligible hospitals (EHs), and approximated to be in the 90 percentile for eligible providers (EPs). Adoption of EHR is planned to be formally assessed during the imminent environmental scan that FSSA/OMPP will be conducting within the time period of October 1, 2020 through December 31, 2021. Indiana will provide updated EHR adoption rates at that time and expects future findings to support EP EHR adoption at a very high rate in the state.

The technology exists today to effectively share health information, but true interoperability is unrealized due to multiple factors related to cost, culture, change management, lack of standardization, unreliable data, and real or perceived regulatory or compliance issues, as were documented in the 2019 HIE Assessment. Additionally, until late 2019, the state had four HIEs operating independently at varied levels of connectivity and geography within the state without centralized governance. Providers and hospitals had to make choices about which HIEs served the needs of their patients and whether the cost of connecting would provide a return on investment. Beginning in 2020, Indiana will have only one robust HIE, giving the opportunity for an enhanced and focused relationship with the state.

In addition, FSSA has established a Governance initiative to assist with organizational aspects of the current HIT environment. Indiana's health information ecosystem is comprised of multiple stakeholder types. To maximize funding, reduce costs, and improve continuity of care for Medicaid members, FSSA will facilitate development of a health information governance structure. This initiative will explore and assist FSSA to collect information regarding best practice in statewide health information management and may consider the following:

- Statewide HIT governance options
- Review and organize HIT governance policies
- Review, modify, implement HIT oversight process to include workflow mapping and analysis
- Create HIT quality benchmarks and controls.

HIT Activities Supporting Medicaid

Within Indiana's executive branch, two agencies administer Medicaid and other health care programs. The Indiana Family and Social Services Administration (FSSA) and its Office of Medicaid Policy and Planning (OMPP) are responsible for the Medicaid program as the designated state agency under the federal Medicaid statute. The Indiana State Department of Health (ISDH) is the public health agency for the state and oversees the local health departments. ISDH is responsible for most of Indiana's health programs. The Executive Board of ISDH, the

agency's ultimate authority, and the State Health Commissioner are appointed by the governor. The State Health commissioner is the secretary of the Executive Board and the chief executive of ISDH. By law, the commissioner must be licensed to practice medicine in Indiana.

The Secretary of FSSA and the Commissioner of ISDH are required by statute to coordinate related programs, including the Medicaid program. The Secretary of FSSA is accountable for formulating overall policy for family, health, and social services in Indiana, including the resolution of administrative, jurisdictional, or policy conflicts between a division of FSSA and ISDH. By statute, FSSA must advise the Commissioner of ISDH of proposed rules affecting common areas of interest, including Medicaid, and obtain comments from ISDH on the proposed rule. Indiana has multiple health services programs with overlapping constituencies in both FSSA and ISDH. Other divisions in FSSA with Medicaid responsibilities include the Division of Aging (DA), Division of Disability and Rehabilitative Services (DDRS), which administers Medicaid waivers for home-based, long term care for the elderly, disabled and other special populations, and the Division of Family Resources (DFR) which has eligibility determination responsibilities in programs for children, pregnant women and low income families, and the Division of Mental Health and Addiction (DMHA).

The Children's Health Policy Board, comprised of the Secretary of FSSA, the State Health Commissioner, the Insurance Commissioner, the State Personnel Director, the Budget Director, the State Superintendent of Public Instruction, and the Director of the Division of Mental Health, directs policy coordination for Indiana's children's health programs, including Children's Health Insurance Program (CHIP).

Under the auspices of OMPP, the Hoosier Healthwise Program provides health care services to Indiana's children, low-income families and pregnant women. Individuals who enroll in Hoosier Healthwise are eligible for either Medicaid benefits or benefits through the Children's Health Insurance Program (CHIP).

The State contracts with four Managed Care Entities (MCEs) to provide services to Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care connect enrollees through a committed provider network throughout the State, with OMPP responsible for management of the traditional Medicaid population.

Medicaid HIT related activities are overseen by both FSSA, through the Strategies and Technologies Division, and ISDH. The HIT Coordinator plays a coordination role between the agencies and with the range of external entities who participate in aspects of the Medicaid program that rely upon sharing electronic health data.

In addition to these related programs, FSSA also maintains a Grants Office, to ensure that grant activities across FSSA divisions and bureaus are coordinated and tracked to ensure an organized approach to grant administration.

Using this broad-context understanding, the Grants Office is able to: better identify appropriate grant opportunities; to make connections between complementary initiatives in the agency to maximize impact; and to provide guidance/resources for developing strong applications. The Grants Office maintains extensive resources to assist divisions in developing strong, fundable grant applications and to be good stewards of the federal dollars awarded to FSSA. The Grants Office also serves as a clearinghouse for information about all grants, including formula grants and applications, both funded and unfunded. At this time, there are no specific health information technology grant activities occurring at FSSA. However, the following grants that may have relationships to projects or areas as part of the HIT/HIE landscape as shown in Table 4. The agency continues ongoing reviews and is mindful of possibilities to leverage existing grants to advance health IT activities should opportunities occur.

Table 4: FSSA Discretionary Grants with HIT Components

Awarding Agency	Grant Title	Award Amount	HIT Component Description
Substance Abuse and Mental Health Services Administration (SAMHSA)	COVID 19 Emergency Mental Health Services	$1,940,771	Allows for immediate evidence-based practices utilizing telehealth interventions, linkage to treatment
Administration for Community Living (ACL)	Indiana 2020 ADRC No Wrong Door COVID-19 Relief	$1,105,454.00	Technology needs for individuals and caregivers may be addressed to mitigate social isolation, caregiver needs, and telehealth and mental health needs.
Centers for Medicare & Medicaid Services (CMS)	Maternal Opioid Misuse Indiana Initiative	Up to $5.2 million	Telemeetings and use of a cloud-based SDOH assessment and referral system (platform TBD) to connect enrollees with social services in their area. Use of health-information cloud services to create ADT alert platforms for MCE care coordinators. Use technology to develop a cloud-based data collection system for monitoring care coordination activities among the MCEs.

Awarding Agency	Grant Title	Award Amount	HIT Component Description
Federal Emergency Management Agency (FEMA) and SAMHSA	RSP-Crisis Counseling Assistance Regular Services Program	$3,862,696	Development of a virtual support network of professionals and paraprofessionals easily accessible by phone and video for quick, on-demand evidence-based crisis counseling, psychoeducation, and wellbeing interventions.
Department of Justice/Office of Justice Programs	COAP (now COSSAP) Category 2: Technology Assisted Treatment	$999,458	The program partners with rural county jails to offer telehealth-based assessments for clients with charges related to opioid use.

OMPP Quality Monitoring and Improvement

The overarching mission of Indiana's OMPP is to improve the health and quality of Hoosier lives through planning and initiatives concentrating on timely access to health care, cost management, and quality. Indiana's OMPP works to achieve this mission through a strategy that involves data-driven decision making, implementation of evidence-based practices, fiscal responsibility, and active engagement with providers, members, health plans, and state and local governments.

The FSSA Office of Medicaid Policy and Planning efficiently and effectively administers Medicaid programs for the state of Indiana. Medicaid is more than just health coverage—it provides a vital safety net to one in five Hoosiers. OMPP's suite of programs, called the Indiana Health Coverage Programs (IHCP), includes traditional Medicaid, risk-based managed care, and a variety of waiver services tailored to the needs of specific populations. High-level descriptions of the program areas are below.

- **Healthy Indiana Plan** (HIP) is nationally recognized for bringing innovative health coverage to 400,000 low-income and working adults through consumer-driven healthcare plans. Members actively participate in their healthcare to become better informed and engaged; in the first year, nearly 70% of HIP members elected to make POWER account contributions for enhanced services.
- **Hoosier Care Connect** (HCC) provides health coverage for nearly 90,000 aged, blind, and disabled members who are not dually eligible for Medicare. The program also covers many of Indiana's foster children. Managed Care Entities provide intensive case management services for these vulnerable members.
- **Hoosier Healthwise**, which includes Indiana's CHIP population, serves approximately 600,000 children and pregnant women. The program works to ensure that more young children receive well-child doctor visits, helping them to a healthy start in their critical developmental years. Hoosier Healthwise supports early healthcare for pregnant women. Prenatal care has proven to reduce the risk of premature and low birth weight babies, which significantly reduces the likelihood of infant mortality.

- **Home and Community-Based Services** (HCBS) Medicaid programs help more than 30,000 members work and become active members in their communities by providing alternative supports and services to institutional care. These programs target specific populations who typically require additional levels of care than most members, such as seniors, individuals with mental illness, or individuals with disabilities. OMPP assists its sister divisions to implement and monitor these programs.
- **MED Works** offers healthcare coverage for more than 3,000 disabled individuals who are able to return to work but still meet the Medicaid definition of disability. This allows members to continue being productive, healthy members without fear of losing health coverage.
- **HoosierRx** helps thousands of low-income residents, aged 65 years old or older, to pay their monthly Part D premium. Members enrolled in a Medicare Part D Plan working with HoosierRx can receive up to $70 a month in assistance. There are also programs available to help pay Medicare Part A or B premiums, deductibles, and co-insurance.

Medicaid Managed Care Entities

The State contracts with four insurance carriers to act as managed care entities (MCEs) for HIP, HCC, and Hoosier Healthwise -- Anthem, MDWise, CareSource Indiana, and Managed Health Services (MHS). The plans are contracted to ensure comprehensive and committed health networks across the State. The MCEs are required to submit claims/encounter-based, outcomes measures to assess the provision of various screening and prevention measures, as well as immunizations, to align with National Committee for Quality Assurance (NCQA) standards of Healthcare Effectiveness Data and Information Set (HEDIS) or HEDIS-like measures. MCEs submit reports to OMPP on a monthly and quarterly basis, which are reviewed by staff for compliance with the hundreds of service level agreements (SLAs). OMPP also conducts a monthly on-site meeting at each of the MCEs' offices to discuss focus areas and see demonstrations of MCE processes.

Each year, OMPP prospectively identifies priorities for improving the delivery of healthcare to Medicaid members and improving operations. This plan, known as the Indiana Health Coverage Programs Quality Strategy Plan (QSP), is required in accordance with 42 CFR 438.340. Although specifically required for managed care programs, OMPP has recently begun to incorporate traditional Medicaid and other non-managed care programs. The OMPP creates a yearly Quality Strategy that is available on its website, along with multiple other compliance and oversight reports. The plan includes an overall framework for continuous quality improvement that utilizes several quality committees related to key agency priorities (e.g., neonatal quality subcommittee, health services utilization management subcommittee, etc.). Representation on these committees includes state agencies (e.g., Indiana State Department of Health), MCE staff, and other industry experts. The QSP framework also includes MCE-led quality improvement projects that promote innovation and health outcomes improvement. These quality improvement projects are submitted to OMPP and reviewed for performance. Additionally, each state that operates a managed care program and contracts with managed care entities must retain an External Quality Review Organization to annually analyze the effectiveness of the state's managed care program and MCE performance (per 42 CFR 438.350). Over time, OMPP has gathered and evaluated clinical quality measures based on paid claims/encounters stored in *Core*MMIS to monitor Medicaid utilization and quality variables. Within the State government, electronic data sharing was instituted between the OMPP and DMHA as well as ISDH, including county level data, to monitor and improve the quality of care for pregnant women, children, and those with serious mental illness. Standardized assessments of persons receiving care at the State's Community Mental Health Centers (CMHCs) are received by DMHA and linked to Medicaid claims data in order to better understand total utilization of mental health services.

Electronic Information Exchange

Indiana has robust exchange of health information across the public and private stakeholders. OMPP administers the Medicaid program in Indiana, is the largest payer in the State and supports electronic information exchange for claims and measurement data. Information exchange is expanding across clinical care delivery providers, payers, and public data resources. Multiple data sources and data receivers are working collaboratively to provide technical services to facilitate the exchange of health information to improve data interoperability and to improve secure and appropriate use of health data to inform treatment, payment, and population health. Indiana has leveraged Health Information Technology for Economic and Clinical Health Act (HITECH) funding opportunities that has enabled the advancement of EHR technology adoption, the connecting of data sources, the improvement of interoperability of health information, the improvement of outcomes and measurements, and the coordination of state and federal health IT initiatives. Indiana's health IT and exchange progress is noted below.

Electronic Clinical Laboratory Ordering and Results Delivery

Across Indiana, the Promoting Interoperability objective requirements for Computerize Provider Order Entry (CPOE) and electronic results delivery have made the practice of electronic ordering and results standard practice for nearly all EH and EPs. Many have direct connections to laboratories via the EHR, as well as receiving results from the HIE. Some providers still receive a less integrated version of results from the HIE but it is an entirely electronic process, replacing the need for mailed and faxed results in most instances. Not only are lab results transmitted electronically, but additional results such as radiology reports, transcriptions, pathology and hospital admissions reports, discharge and transfer reports are as well.

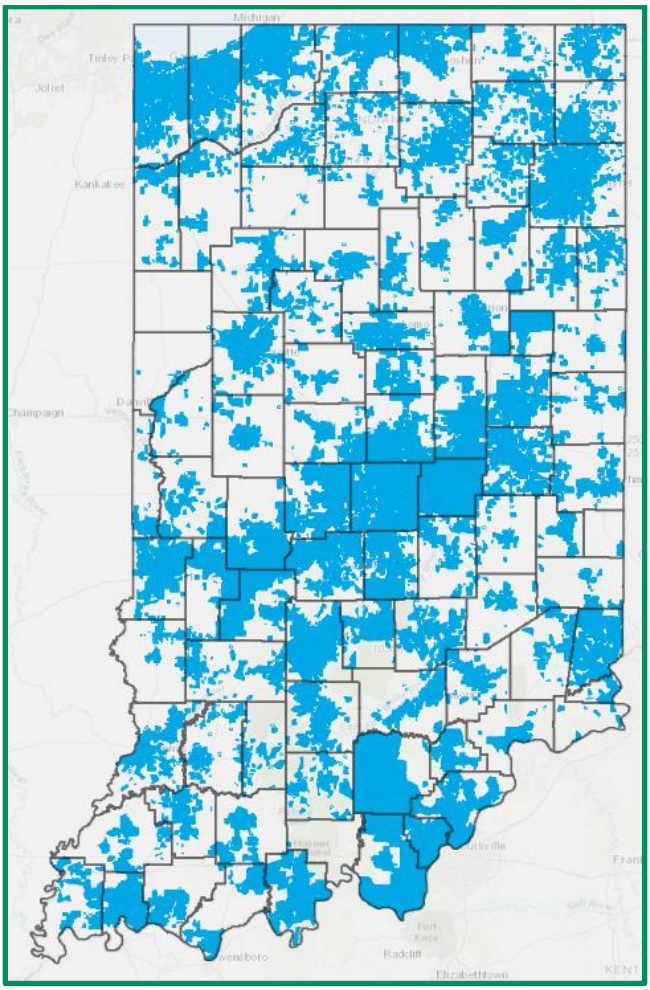
Exchange of Continuity of Care Information

Through the evolution of increased technology functionality and adoption there have evolved multiple vehicles by which continuity of care information may be exchanged. Utilizing Admit Discharge Transfer (ADT) or Continuity of Care Document (CCD) message types, entities have flexibility to include a minimal or significant amount of demographic, encounter, and clinical data. The HIE still primarily fills this role of delivering the messages, inbound, outbound, and/or bidirectionally, via full EHR integration or connecting to an external viewer. Another method is by direct exchange via a Health Information Service Provider (HISP) whereby a message is sent to an address, much like email but is secured and formatted specifically for clinical integration. The industry has also seen the rise of interoperability frameworks, for example, CareQuality and Commonwell - whose member technology vendors, which include most major EHR solutions - agree upon standards and are able to deliver CCDs seamlessly between EHR solutions. This functionality will continue to expand as the two organizations have agreed on collaboration to expand interoperability.

Broadband Internet Access and Telehealth

Indiana's Governor has placed broadband access as a high priority. As a result, the Governor's Next Level Connections (NLC) Broadband Grant Program has been designed to promulgate access to reliable and affordable broadband service to all areas of the state, which is necessary for a highly functioning 21st century economy. This is a part of Indiana's broader Next Level Connections (http://www.in.gov/gov/nextlevelconnections.htm) infrastructure program. Applications are currently available with awards expected by late spring 2020. The program builds upon investments made through industry funds, along with prior and ongoing grant programs. Yet, there are still areas of Indiana that remain unserved for a range of economic and topographical considerations. A mapped representation of broadband coverage showing in shaded areas with unshaded gap areas is depicted in Figure 1.

Figure 1: Indiana Broadband Coverage by County as of 06/11/2020



(Source: www.indianabroadbandmap.com*)*

Additionally, as a federally funded program of the Indiana Rural Health Association (IRHA), the Upper Midwest Telehealth Resource Center (UMTRC) provides a comprehensive set of telehealth clinical and technical assistance services leveraged into products of lasting value to rural providers. While UMTRC offers assistance to the public, per conditions of their federal grant, UMTRC is required to place a priority on providing technical assistance to Health Resources and Services Administration (HRSA) grantees in rural and under-served areas.

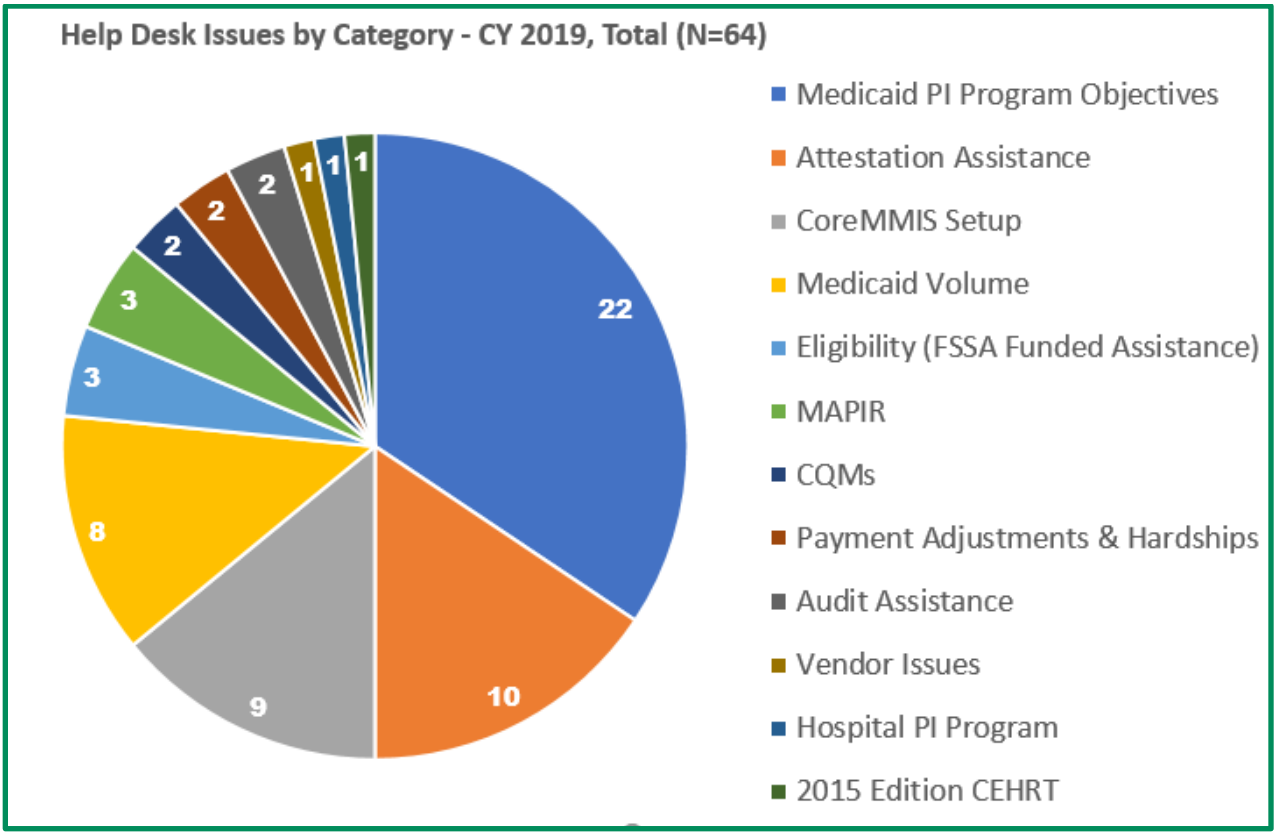
Regional Extension Center

Indiana currently has one Regional Extension Center (REC) contracted with ONC: Purdue Healthcare Advisors (PHA), operated by Purdue University. Contracted activities originally included extensive onboarding and hands-on technical support. Now that no new providers are entering the Program, PHA's primary function pertaining to PI is to continue to provide direct, technical assistance to the state's Medicaid providers for another two years as well as to address several clinical challenges impacting long-term care and the opioids crisis.

Support services to providers are delivered through the use of an established help desk with a secure, dedicated email and a call center service, PHA assists Indiana Medicaid providers with varying types of issues as illustrated by Figure 2. PHA is a leader in Indiana for assisting providers with the Promoting Interoperability Program:

- PI Objectives & Measures: The 2019 Medicare Physician Fee Schedule (PFS) Final Rule made changes to the previously established Stage 3 Objectives and Measures.
- Clinical Quality Measures (CQMs) for EPs: EPs are required to report on any six eCQMs related to their scope of practice. In addition, Medicaid EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.
- Certified EHR Technology (CEHRT): Beginning with the EHR reporting period in calendar year 2019, all participants in the Medicaid PI Program are required to use 2015 Edition CEHRT. The 2015 Edition CEHRT does not need to be implemented by January 1, 2019, but must be used for entirety of the self-selected 90-day EHR reporting period.

Figure 2: Purdue Healthcare Advisors REC Help Desk Issues 2019



PHA has expanded services to also include security risk assessments and have made external vulnerability scans and technology wellness checks. PHA works with healthcare organizations to build their change capacity and continue to transition to value-based services and delivering affordable quality care.

Electronic Public Health Reporting

The Indiana State Department of Health (ISDH), in conjunction with FSSA/OMPP, has implemented and continues to enhance health information exchange through specialized registries such as the immunization registry and the cancer registry. ISDH is working with FSSA to submit an Implementation Advanced Planning Document (IAPD) to enhance and evolve the immunization system to better support Indiana providers and citizens while advancing health IT in Indiana.

Background and Overview

The Centralized PI Hub and the PI Website project is intended to reinvent the way ISDH works with providers to gather and provide Promoting Interoperability (PI) data. Formerly known as the Public Health MU Data Portal, it is now referred to as the PI Hub and PI Website to accommodate the program name change by CMS. It will provide a centralized data gateway that receives PI data from providers for all public health registry types. It will validate that the PI data is complete and correct, produce processing/error reports, and persists the PI data in a relational database. The goal of the persistence layer is to improve the human and system/data interaction. This is expected to dramatically reduce the onboarding time between providers and systems for all registries. A shared helpdesk will provide a single point common workflow for all PI activities, improve data quality and provide a centralized email address and web-based traceable ticketing system. The PI Hub project will also use the helpdesk to address both programmatic and technical questions related to PI and will have the capability to provide automated report cards to providers.

Promoting Interoperability (PI) Portal

The PI Portal consolidates three distinct functional areas critical to interoperability to further advance the goals and objectives of IDSH in coordination with FSSA in serving the Indiana Medicaid Populations and support the overall efforts of addressing improvements in population health in Indiana.

The PI Portal will be comprised of three portal sites as follows:

1. Promoting Interoperability Information and Registration
2. Onboarding and Recertification
3. PI Production Data Monitoring

Promoting Interoperability Information and Registration Site

The Promoting Interoperability Information and Registration Site will serve to provide information, news and announcements to medical providers regarding the Promoting Interoperability Program and will provide for registration and participation in the ISDH PI system. The Registration functionality will create an account for the provider and enable the provider to register their facilities, create accounts for their staff and partners, and assign functional roles to staff.

Onboarding and Recertification Site

The Onboarding and Recertification Site provides a mechanism for providers to test the electronic submissions generated by their health information system for each PI registry type and PI Stage. The system will generate a report for each PI processing run and provide these to the registered providers as immediate feedback. The goal is to reduce the time required for a provider to get established with electronic submission of data to the ISDH PI

Data Gateway. The providers will view an Onboarding Report Card, which is a series of graphic dashboards for each of the PI registries they are onboarding and be able to obtain details on the individual processing run.

Once a provider has successfully passed validation for a PI registry/PI Stage, the system will provide an attestation link for the provider entity to download documentation attesting successful connection to the public health registry. The system will also allow providers to recertify a system that has either failed in production or that has undergone significant change.

PI Production Data Monitoring Site

The PI Production Data Monitoring Site provides a platform for providers to monitor and get detailed error information regarding their electronic PI data submissions to ISDH. Like the Onboarding and Recertification Site, the PI Production Data Monitoring Site provides a series of graphic dashboards for the PI registry types being submitted to ISDH. These are designed to assist providers as well as ISDH staff to monitor their PI data submission quality and to address validation errors encountered.

ISDH PI Data Gateway

The ISDH PI Data Gateway provides an endpoint for electronic data submission of HL7v2 and v3 PI data related to public health. The PI data received by the Gateway will be collected and normalized in a relational database and reassembled to allow for reports/data feeds on a daily basis to the systems used by ISDH staff, as well as to the CDC and CMS as needed.

PI Database

The Public Health Registries, known as the ISDH PI Database will be a relational, normalized database consisting of all data elements parsed from all HL7 version 2 and version 3 messages received from Indiana providers and Indiana Health Information Exchange (HIE). This aggregated database will contain PI registries to include Electronic Lab Reporting, Syndromic Surveillance, Immunization, Cancer, and Lead. The relational database will provide a fast and efficient way to store and retrieve data. The normalized design will eliminate data redundancies that is inherent in the messages received for each of the registry types, ensure referential integrity and reduce the overall size of the database. Its normalized design will allow data of new public health initiatives to be efficiently added and related to existing data already in the database.

Enhancement Upgrades and Modernization of Systems

The Scientific Technologies Corporation (STC) Public Health Connection Hub (PHC-Hub) provides the state with the required functionality and management of Health Level Seven International (HL7) messages and includes two important features and functionalities to assist the state of Indiana with modernization of its systems and to further interoperability capabilities of the state. The first item is a subscription to STC's Learning Management System (LMS) designed to provide educators, administrators and learners with a virtual environment to e-learn, provide training and certification, quickly release new processes and train, as well as track learners training to ensure compliance. This module will deliver a more powerful set of learner-centric tools and collaborative learning environment that empower both teaching and learning to the Indiana Immunization Program. The second item is a subscription to STC|iQ and includes a state-of-the art dashboard that is able to identify, inform, and impact the data quality of HL7 messages coming into the Immunization Information System (IIS).

Addressing validation and Geographic Information System (GIS) mapping involves data quality of every message. The IIS has over 7 million patient records. However, addresses in the database are not validated, corrected, or GIS mapped. Validating and GIS mapping the addresses will provide improved data accuracy and public health monitoring. SmartStreets integration with IIS will be assessed and implemented within this phase. Improving

address information in the PI Portal will directly impact the quality of data in the registry and the data submitted to Medicaid. STC will develop the materials and provide the services as described throughout this phase of the project. Migration of all existing interfaces from CHIRP to PI Portal will require resources familiar with interoperability and knowledge of HL7 and the vendor product.

Implementation of Data Encryption and Internal Security Audit

The impact of a healthcare data breach cannot be minimized and along with designing the processes and the database, the newest methods of data encryption will be implemented. Additionally, ISDH and this project will review and conduct a series of internal and external security scans and implement possible counter measures including full encryption of all systems which transmit, store or utilize PI data. A key goal of this project is focused on meeting the PI objective of maintaining privacy and security of patient health information in auditing PI data.

Emergency Surveillance System

Indiana's HIE and hospitals participate in the Public Health Emergency Surveillance System (PHESS) network, the statewide infrastructure to analyze "primary complaint" data from Indiana emergency departments for the early detection of acts of bioterrorism and other public health emergencies. Currently, 120 Indiana emergency departments (ED) are connected.

Additionally, the HIE networks support Communicable Disease Reporting by leveraging the developed Notifiable Conditions Detector (NCD), an ONC-certified technology for electronic lab reporting, to identify the list of communicable diseases with positive results and flagged to be sent to ISDH.

Electronic Case Reporting

On October 28, 2019, Indiana Medicaid received approval for an IAPD to utilize funding set forth from Section 5042 of the SUPPORT Act to enhance Prescription Drug Monitoring Program Activities. The IAPD included ISDH's effort to implement eCR (Electronic Case Reporting). The Indiana State Department of Health is currently developing a new Promoting Interoperability (PI) Onboarding and Data Portal (see above). It will provide a centralized data gateway that receives PI data from providers for all public health registry types. It will validate that the PI data is complete and correct, produce processing/error reports, and persists the PI data in relational database. The current model developed by the PI Data Portal provides a design flexibility that will enable additional required data elements needed for electronic case reporting (eCR) that are not currently collected by the various ISHD registries to be added to the database schema. To achieve this, ISDH will be implementing a data and patient matching algorithm to facilitate correcting address info, geocoding the address, and connecting patient records across registries and providers. This data portal will provide a homogenous aggregated normalized database for all HL7 v2 and v3 data segments and data elements for the various registries required by the Centers for Disease Control and Prevention and the State of Indiana. ISDH already collects a majority of the minimum data element set for eCR requirement. Information being received by the Electronic Laboratory Reporting (ELR) registry compliments many of the data element requirements for eCR. The clinical data collected by ISDH will be able to provide a comprehensive view of patient case reporting pertaining to opioid misuse and overdose events. ISDH also shares this data with the state's Management Performance Hub (MPH) where additional data sources, such as from the PDMP and Medicaid, are combined to perform advanced analytics and decision support.

Statewide HIE Networks

HIEs provide some of the best tools to connect health system partners and gives providers the right information at the right time regardless of location, organization, or EHR. HIEs aggregate information from multiple sources and display specific health information for specific purposes to improve individual care, population health

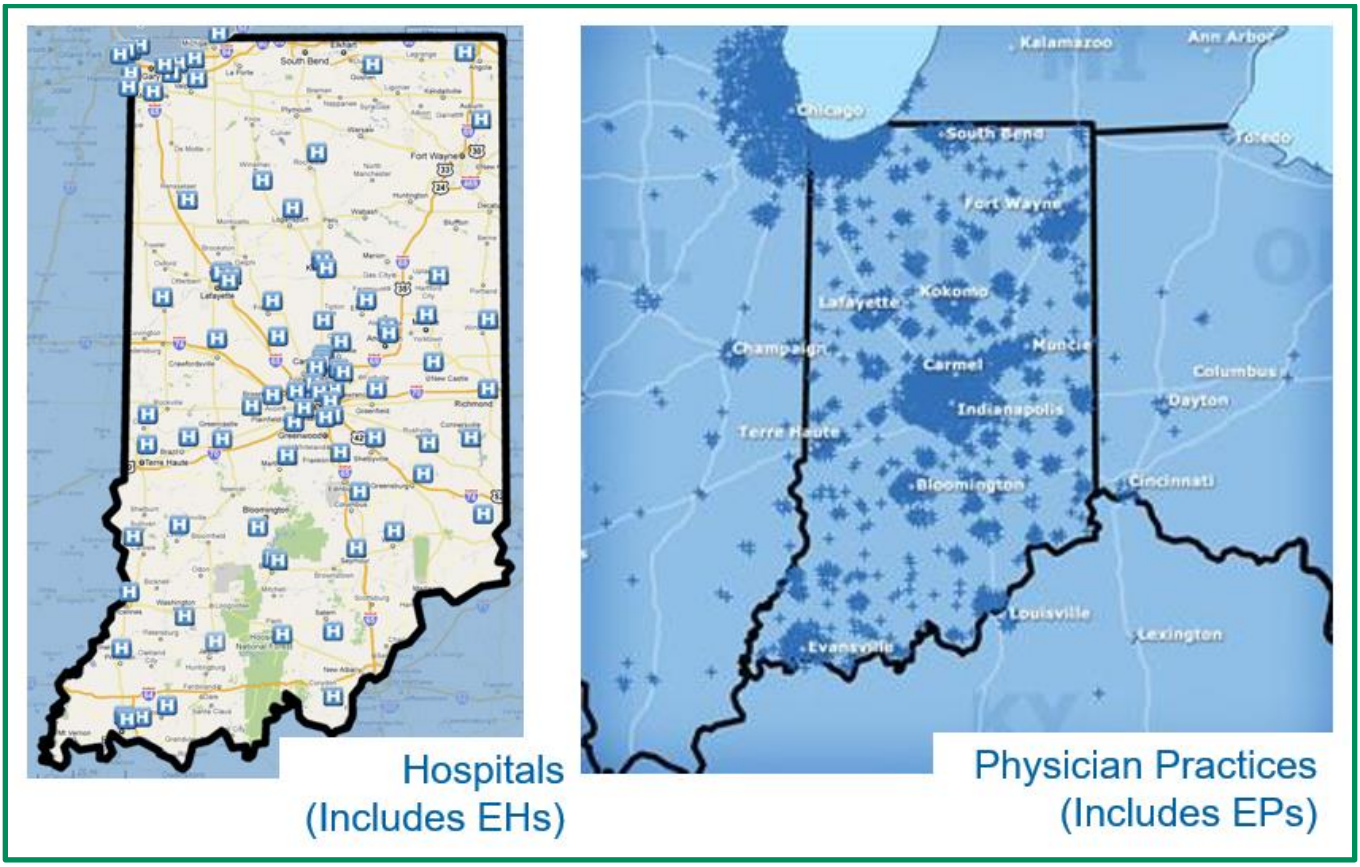
management, and the public's health. Indiana has had as many as five HIEs at one time since the Promoting Interoperability Program's inception. As the HIE market needs have shifted, as of January 1, 2020, there will be only one Indiana HIE, the Indiana Health Information Exchange (IHIE).

Indiana Health Information Exchange (IHIE)

IHIE is a tax-exempt, nonprofit corporation founded in 2004. IHIE contains data on 92% of the Indiana population from 117 hospitals, representing 38 health systems as well as 17,000+ practices with over 49,000 providers. They are strengthened by a Regenstrief Institute partnership and a board comprised of Hospital System CEOs, Healthcare Associations, Academia, State, and Community.

IHIE hosts one of the nation's largest inter-organizational clinical data repository, a patient-centric community health record for millions of Indiana citizens. This resource is an aggregated clinical data for a patient or a population and includes provider, payer, and public health data from real-time interfaces from providers providing labs, radiology, CCDs, transcriptions, cardiology information, and ADTs. This information initially was utilized heavily in hospital emergency departments, but has grown in number of clinical and population health management settings, including medical research, managed care health plans, and post-acute care. A comprehensive list of facilities and types of data exchanged can be found here: https://www.ihie.org/wp-content/uploads/2017/07/CareWeb-Facility-List-20170725.pdf

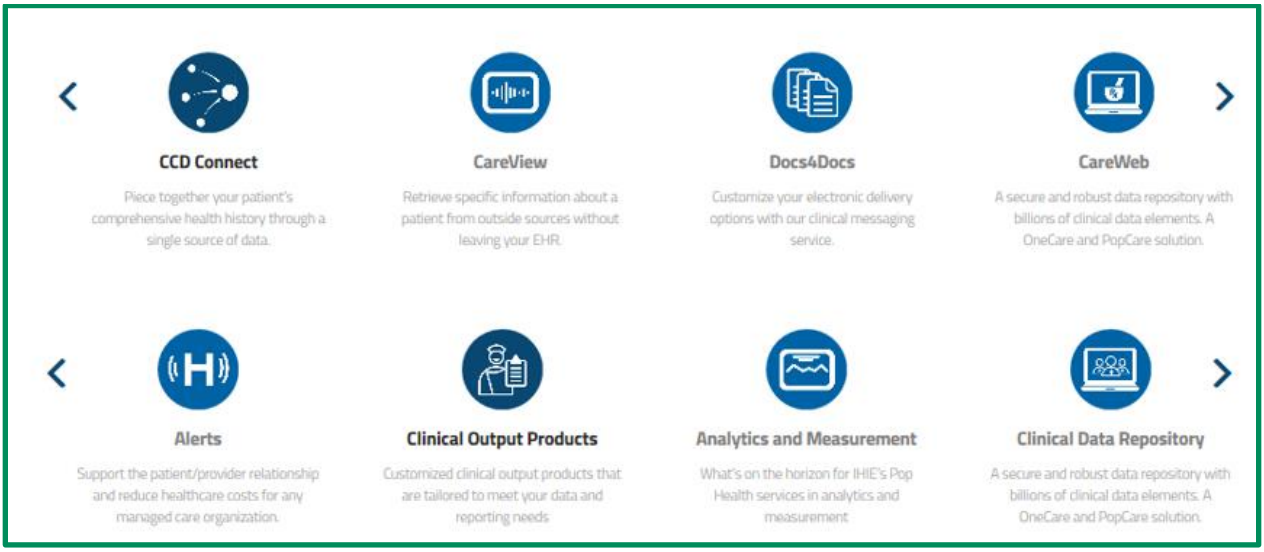
Figure 3: IHIE Geographic Coverage Area – EHs and EPs



Multi-stakeholder Private Governance

Each participating provider signs a Participant Agreement and participates in the committee discussing and determining the functioning rules of sharing information across the Indiana Network for Patient Care™ (INPC™). This group determines the approved use cases for sharing, accessing, and using information across IHIE participating organizations. This private HIE governance body is only for IHIE participants, and FSSA has a seat on the Management Committee of the INPC™.

Figure 4: Current Services of the Indiana Health Information Exchange



Governance for State Health Information Exchange

Historically, in carrying out its former leadership and coordinating role for the state, as designated by the Governor, IHIT (Indiana Health Information Technology, Inc.) developed a governance model and instituted a formal governance structure that leverages private sector HIE development while ensuring strong state direction and multi-stakeholder collaboration. IHIT ceased operation in 2014.

The 2019 HIE Assessment recommended that Indiana pursue a renewed focus on formal structures, processes, and policies with Indiana's Health IT stakeholders and continue to expand on the established HIE foundation, to strengthen information exchange across Indiana, and facilitate prioritization of shared initiatives. FSSA plans to explore options for governance improvements in conjunction with Sustainability Planning.

Veterans Administration and Indian Health Services Providers

There are two federal health care delivery systems in Indiana. The Richard L. Roudebush VA Medical Center in Indianapolis, Indiana, is a part of the Veterans in Partnership integrated healthcare network delivery system providing primary care, specialty care, extended care, and related services to veterans. The Camp Atterbury Medical Treatment Facility (MTF), a user of VISTA EHR technology, is located near Edinburgh, Indiana. IHIE receives clinical data from the US Department of Veteran Affairs via the eHealth Exchange Gateway. https://ehealthexchange.org/participants/ .

Indiana has no enrolled Indian Health Services (IHS) providers at this time.

Medicaid Information Technology Architecture

During the years 2018 and 2019, the State conducted Medicaid Information Technology Architecture (MITA) self-assessment updates which included the HIT business unit, as per the finalization of the MITA 3.0 business process model and related self-assistance guidance. In addition, in 2019 and 2020, MITA Roadmap annual updates were conducted.

Currently, six projects were recommended and the State of Indiana continues to demonstrate its commitment to move its Medicaid enterprise systems up the MITA "capability maturity ladder" and line up the State's Medicaid enterprise systems more closely with the Seven Standards and Conditions for IT development (modularity, industry standards, reuse/leverage, business results, etc.) promoted by CMS. Moreover, the State's commitment to leveraging IT capabilities across programs and even states is illustrated by the adoption of MAPIR – the Medical Assistance Provider Incentive Repository.

The six projects Indiana is considering (within the limitations of funding, staffing resources, and risk considerations) to transform Indiana's Medicaid business operations and supporting technology platforms are planned to be considered incrementally, via a series of initiatives to leverage advances in technology and across the Business, Information, and Technical Architectures and are as follows:

1. Enterprise Technical Management Strategy (TMS)
2. Enterprise Transformation Governance*
3. Enterprise Business Process Management
4. Enterprise Project Management Office (PMO)
5. Business Process Management
6. Enterprise Data Management Strategy (EDMS) (*As a component of Governance)

MMIS HIT/HIE Environment

In February 2017, Indiana completed the design, development and implementation phase of their replacement Medicaid Management Information System (*Core*MMIS) and the system moved to the maintenance and operations (M&O) phase.

This endeavor replaced Indiana's former MMIS, which was built on a nearly twenty-year old platform known as IndianaAIM. The current system uses batch processing and flat-file data transfers for interoperability, and did not perform real-time transactions.

*Core*MMIS is capable of enhanced automation and more efficient and economical processing capabilities, including enhanced workflow, web services, a rules engine, and an enterprise service bus. The new system has an inherent EHR capability to enhance and/or streamline many functions currently performed including care management and prior authorizations. OMPP shares services in a standard format when the data is used to promote care coordination for Hoosier members and/or transmitted to achieve EP, EH or CAH Promoting Interoperability Program requirements. Maintenance of the Health Insurance Portability and Accountability Act (HIPAA) and the ARRA security standards for receipt and transmission of the health information is a priority for OMPP, IHIE, and stakeholders participating in the statewide HIE network. Data is currently exchanged for purposes of treatment, payment and program operations in accordance with HIPAA requirements.

In addition, Indiana Health Coverage Programs (IHCP) use of *Core*MMIS allows the IHCP to perform program management functions, including to accurately and efficiently adjudicate claims in alignment with IHCP coverage policies and national billing guidelines.

Providers interface with *Core*MMIS through the online IHCP Provider Healthcare Portal ("Portal"). The Portal is an internet-based solution that offers enhanced reliability, speed, ease of use, and security to providers and other partners doing business with the IHCP.

In the Portal, providers can perform the following transactions:

- Submit fee-for-service (FFS) claims and claim adjustments
- View FFS claim status and claim history
- View FFS Remittance Advices and payment information
- Request prior authorization (PA) and view PA status
- Verify member eligibility and view member information
- Request and view Right Choices Program (RCP) assignments
- Submit and view Notifications of Pregnancy (NOPs) (certain provider types only)
- Submit presumptive eligibility applications (qualified providers only)
- Maintain Provider Profiles
- Submit provider enrollment applications and other related transactions
- Submit secure correspondence

Summary of HIE Assessment

An HIE assessment was completed in March of 2019. FSSA leadership vision and related planning was found to be fundamentally aligned with CMS-MITA the HISMM capability maturity. While further strategic and tactical planning is necessary in order to effectively fulfill this vision as outlined in this assessment, it is anticipated that the demonstrated commitment evidenced by FSSA leadership will ultimately achieve this. A summary of the findings is provided in Table 5.

Table 5: HIE Assessment Categories and Findings

HIE Assessment Category	HIE Assessment Finding
Business Process	FSSA is focusing on well-defined business process capability maturity targets and prioritization across Medicaid business processes.
Ecosystem and Culture	The Indiana HIE ecosystem and culture are a healthy foundation for sponsorship and participation in improvement initiatives.
Information Technology	FSSA leadership has embraced innovation and made a clear commitment to increasing technical capabilities for the betterment of statewide health care and information sharing. The full spectrum of capability maturity is covered across the Current-State– from faxing health information to full automation sharing directly into the care management workflow. Level of automation requirements are a core tenant within federal guidance and extend throughout supporting business processes.
Leadership	FSSA leadership has demonstrated a progressive style of management to improve and mature the Indiana HIE ecosystem.
Methods and Artifacts	Over 1,000 pages of information across over 150 documents and artifacts were reviewed, and a diverse group of stakeholder interviews were conducted, resulting in the Health Information Sharing Model that utilized components of MITA and the Health Information Sharing Maturity Model (HISMM).

HIE Assessment Category	HIE Assessment Finding
Quality and Performance Management	One of the core tenets of maturity critical to CMS is continued capability growth in key performance areas that include participation, governance, usage and usability, automation, information quality and completeness, security, timeliness, accuracy, cost-effectiveness, efficiency, and stakeholder value. Capturing, tracking, reporting, and improving these metrics and measures represents a critical path toward achieving the next level of performance.
Sustainability	FSSA does not have a sustainability strategy with respect to HIE. The current infrastructure consists of independent entities without a shared, chartered mission. The funding strategy will need a pathway to MITA/MMIS funding. This planning is part of a key initiative recommended as a result of this assessment.

As part of FSSA progressing toward the future state to best serve Indiana Medicaid populations, the development of a Strategy and Sustainability Plan and establishing a stakeholder engagement program is needed. Both initiatives, as part of strategic planning, have significant advantage to serving Indiana Medicaid populations. These activities will further support strategic and sustainability planning, identification and onboarding of HIE related projects and be used for improvement analysis and prioritization of future projects.

Section B. Indiana's "To Be" HIT Landscape

Indiana plans special focus on, and requests funding approval for the following activities for the next planning and implementation period:

- Continue daily operations of the Promoting Interoperability Program, including program management activities, program coordination and representation, application processing, eligibility determination and verification, provider communication and outreach, audits and investigations, and CMS document updates to reflect changes.
- Continue incorporation and administration of Stage 3, Objectives and Measures, including the Medical Assistance Provider Incentive Repository (MAPIR) releases, updates, and enhancements, as necessary. Indiana shall continue its participation in the MAPIR Collaborative, which consists of 14 states.
- Continue assistance and support from Purdue Healthcare Advisors (PHA) (on behalf of Purdue University), providing various services for grant-eligible providers and organizations.
    - Assistance and support will also include Security Risk Assessments, external vulnerability scans, and technology wellness checks.
    - As Indiana continues to struggle with the opioid epidemic, PHA proposes to continue improvements to patient care regarding opioid addiction treatment and referral coordination in Allen and Tippecanoe counties, as well as adding two more small care neighborhoods (SCNs). Improvements will continue to be made through advanced interoperability and referral management, system analysis design, and community outreach and engagement. These efforts are intended to reduce opioid prescribing by increasing the usage and leverage of the State INPSECT drug prescription monitoring system. This will encourage and facilitate the ability for Medicaid providers to attest to Stage 3 Objectives and Measures related to Public Health reporting.
    - PHA explored and provided assistance to long-term care (LTC) facilities by introducing enhanced workflows, analytics and technology into small care neighborhoods, resulting in a reduction of unnecessary emergency room visits and hospital admissions. The first and second phases focused on strategic planning and included activities such as analyzing, building, testing, refining solutions and determining the target regions. PHA will continue to provide direct coaching and facilitation to the two enrolled organizations from the existing small care neighborhoods. Phases three and four of the Quality Care for Indiana Medicaid Long-Term Care Patients project will also include the following:
        - Completion of Existing Workplans: PHA will continue along the established workplans with each of the identified small care neighborhoods in Terre Haute (SCN1) and Evansville (SCN2). These existing workplans were developed in accordance with the previous scope of work.
        - Evaluation and Effectiveness: RCHE and PHA will evaluate the effectiveness of the program by studying leading indicators, lagging measures, as well as the costs for sustaining the new workflows and technology solutions within the participating SCNs, with the goal of scaling to additional small care neighborhoods.
        - Workplan Re-Engineering: During the evaluation period, opportunities from the original workplan may surface that requires re-engineering and adjustment to the workflow. In those cases, PHA will re-engage with the applicable SCN partner(s) to identify appropriate interventions, establish an updated workplan for the affected workflow, facilitate the implementation process, and coach through to completion of the project.
        - Sustain and spread to new SCNs: Once standard work and solutions have been defined and tested at the enrolled SCNs, PHA will launch two new SCNs (SCN3 and SCN4), identified using the previous methodology. The same project processes, milestones, and timelines from the previous scope of work will be used to spread the successes from SCN1 and SCN2.

- PHA is also proposing another project to embark on a new transdisciplinary approach for LTC cost reduction to Indiana Medicaid by identifying the factors driving the majority of avoidable LTC costs to Indiana's Medicaid Program that can be addressed by solutions involving Purdue University's unique and innovative capabilities, interoperability, and devices. RCHE plans to harvest innovative solutions to reduce the avoidable costs of Medicaid LTC care by developing and running a University-wide competition, modeled after Purdue University's Discovery Park Big Idea Challenge.

- Continue Promoting Interoperability Program audits on EPs and EHs (beginning with Program Year 2015 and beyond) conducted by Myers and Stauffer L.C.
- Increase focus on activities and projects to promote HIE with Indiana's Public Health entity, the Indiana State Department of Health (ISDH). With guidance from State Medicaid Director (SMD) Letter #16-003 and approval from CMS for the use of HITECH funding, OMPP and ISDH are implementing a Public Heath PI Hub that consists of the following components and activities to support the Public Health and Clinical Data Registry Reporting PI measure:

    - Create a new web site and PI Public Health Portal to help achieve improvements in the quality, safety, and health of the citizens of Indiana by providing a centralized knowledge base for all information.
    - Further modernize and upgrade the systems used to perform real-time bidirectional communication and query capabilities.
    - Conduct continued security risk assessments of internal and external systems that transmit, store, and utilize PI data for the purpose of maintaining privacy and security of protected health information (PHI).
    - Deliver PI training and outreach to educate and assist Medicaid providers and facilities in using the new capabilities, empowering them to more easily and quickly meet PI objectives.

- Secure resources for interface development and implementation across the state's six State Psychiatric Hospitals (SPHs), further creating a cohesive hospital system of care with the goal of using one EHR solution and ancillary information. In addition—and with the continued aim of improving care coordination, service delivery, and interoperability—Indiana's Division of Mental Health and Addiction (DMHA) is actively discovering and implementing interfaces for the secure exchange of health information within its current network of mental healthcare partners and acute care facilities.
- Create a model to coordinate HIT/HIE governance and provide strategic oversight to support and guide the direction of Indiana's HIE transformations. Governance remains a necessary step in creating a sustainable HIE environment and ecosystem by engaging and meeting the needs of all key stakeholders (i.e., FSSA, Public Health, payers, HIEs, and providers).
- Facilitate strong post-assessment activities of the HIE assessment including leveraging the assessment findings to take next steps on the governance model. This is in addition to engaging HIE stakeholders to begin the process of collective governance to identify and reach consensus on the target state. The gap analysis will inform the thought leadership on the updates to the governance structure throughout the entirety of the initiative. The goal is to further leverage existing public and private sector resources to strengthen the sustainability and effectiveness of HIE activities, ultimately leading to quality improvements in interoperability, care delivery, and coordination, to improve patient outcomes for Indiana Medicaid patients, families, and residents.

- To improve care coordination and re-entry transitions to Medicaid, Indiana DOC (Department of Corrections) intends to engage Indiana Health Information Exchange (IHIE) to have access to, and integration of, pertinent clinical information via ADT (Admit Discharge Transfer) notifications and CCD (Continuity of Care Document).
- DMHA is currently developing business requirements and preparing to issue a request for proposals (RFP) to acquire a Population Health Management and Care Coordination platform. The PCBHI (Primary Care Behavioral Health Integration) program has been an ongoing integration effort by DMHA to develop and implement bi-directional integrated care between primary care and behavioral health. As the grant money for the PCBHI program comes to an end, OMPP and DMHA have come together to develop and implement a new integration effort that would have a sustainable funding source, Health Homes, to build off of the PCBHI program. The Care Coordination platform will facilitate delivery of clinical information and analytics for providers as well as deliver quality and outcomes measurement data for program administrators.

These goals and strategies have been and remain critical in developing and ensuring a robust statewide HIE network architecture and serve as a framework for the formulation of HIT and HIE goals and evolving innovative initiatives specific to Medicaid and Indiana. These goals align and help to define the Medicaid HIT implementation strategy with respect to integration into the broader state and national HIT/HIE ecosystem seamlessly, efficiently, and effectively.

With the proposed planning activities, FSSA seeks to further the framework in facilitating regular HIE/HIT stakeholder engagement meetings to discuss, examine, and provide a path going forward on the set of HIE/HIT development subjects listed as follows. The objective of the planning activities is to reach a consensus among the stakeholders about these topics and many others related to statewide HIE strategic development.

The list of statewide HIE topics needing a resolution includes, but is not limited to, the following:

- HIE Approach, Governance, and Indiana's PI Strategy
- Role of State Government
- Value Proposition (Including Short-Term and Long-Term)
- Payer/Provider Investments and Legal Agreements
- HIE Sustainability
- Annual Benchmarks and Performance Goals

HIE Activities and Specific Steps

Iterative planning phases allows Indiana to continue aggressively pursuing health information exchange (HIE) and interoperability solutions for Medicaid providers that will eliminate redundant costly interfaces and provide open architecture solutions for systems and healthcare data. The recently submitted IAPD-U requested continued funding to pursuing planning and action relevant to FSSA's strategy for advancing Health Information Technology (HIT) and the statewide HIE in Indiana by supporting the design, development, testing, and implementation of core infrastructure and technical solutions. The goal is to promote health information exchange among Medicaid Eligible Professionals (EPs) and Eligible Hospitals (EHs). The objective is to continue to align these plans and activities with Indiana's Medicaid Promoting Interoperability Program authorized by the American Recovery and Reinvestment Act of 2009 (ARRA).

Indiana remains firmly committed to continuing operation of the Promoting Interoperability Program in order to improve and promote the quality of care for Medicaid beneficiaries in the state. Through approved collaborations with healthcare providers, Public Health agencies, regional partners, software providers, stakeholders, and

government specialists, Indiana is on a path to enhance and advance the Promoting Interoperability Program. Progress toward current and future initiatives will be closely monitored through realistic goals, specific deliverables and scopes of work, and ownership of objectives. Updates or changes will be provided to CMS as warranted and required.

FSSA has already started, or are planned to start in the next 12 months, eight specific projects that will further HIE/HIT activities over the next 12 months as follows:

1. Promoting Interoperability Program Administration (including Statewide Medicaid Provider Assistance, outreach, technical assistance, and auditing services)
2. HIT/HIE Strategic Planning and Governance for Indiana
3. Department of Mental Health and Addictions (DMHA) State Psychiatric Hospital (SPH) Interfaces
4. Department of Mental Health and Addictions (DMHA) Care Coordination Platform
5. Indiana Department of Corrections (IDOC) HIE Connection Project
6. Indiana State Department of Health (ISDH) PI Portal Project
7. Indiana Primary Care Association (IPCA) – Federally Qualified Health Center (FQHC) HIE Virtual Care at Home (VC@Home) Telehealth Project
8. Indiana Department of Homeland Security (IDHS) – Emergency Medical Services (EMS) HIE Connection Project

HRSA Grants

Although Indiana supports the work of the FQHCs, there are no known additional specific HIE/HIT grant activities related to Health Resources and Services Administration (HRSA) beyond what is already mentioned. However, FSSA will continue follow-up with the Indiana Primary Care Association and the FQHCs within the immediate future as part of the environmental scan to explore if any HRSA grant opportunities would present an opportunity to promote HIE and interoperability with the FQHCs to the benefit of the Indiana Medicaid population.
A complete list of HRSA grants for all Indiana grantees is located at https://data.hrsa.gov/tools/find-grants (Note: Re-entry of state search criteria for Indiana could be required.) The FSSA Grants Hub will continue to monitor HRSA for grant opportunities that can best leverage project in support of HIT/HIE efforts.

Public-Private Stakeholder Cooperation

Public and private stakeholder cooperation is essential for executing Indiana's vision for HIT. This cooperation includes a flexible, inclusive, and effective governance structure engaging diverse stakeholders across sectors and networks aligned to common objectives. Indiana Health Information Technology, Inc. (IHIT) previously played this critical role to ensure that all stakeholders participate and are served by HIT and HIE services. As a non-profit, state-level governance and coordinating entity, IHIT built on the experiences of previous HIT stakeholder collaborations including: the Indiana Health Informatics Corporation (IHIC), a public instrumentality created in 2007 under statute by the State of Indiana to guide and promote health information exchange within the State; the State HIE Collaboration began in 2008; and the Exhibit Indiana initiative coordinated by BioCrossroads, a life-sciences business acceleration enterprise, to establish a convening and coordination structure and governance processes for generating multi-stakeholder buy-in and the trust necessary for effective public-private collaboration.

IHIT captured lessons learned from these efforts as its formal structures and processes were crafted. Most significantly, IHIT provided a venue that blended strong public and private sector representation and used a "distributed" approach to governance that built on the well-established HIE governance structures and processes of Indiana's health information organizations.

FSSA will explore various governance models as options to conduct activities that were previously led by IHIT. FSSA will also support other Medicaid IT system coordination efforts via MITA, connecting the internal Medicaid enterprise planning to the external, private stakeholders as needed to support a broadening Indiana health information network. Additional state agencies, such as ISDH will engage FSSA and the external HIT community to coordinate advancing Health IT and Exchange strategies.

HIT Coordinator

The HIT Coordinator is located within the FSSA organization and reports to the Chief Information Officer (CIO), overseeing all HIT related initiatives for the state of Indiana. This role embodies a collaborative multi-sector approach to further plan and ensure the state's goals and objectives for its HIT are accomplished. The HIT Coordinator is responsible for developing operational policies and procedures for the Promoting Interoperability Program, researching regulatory questions as they arise, and completing additional activities to plan, coordinate and update the SMHP and IAPD and oversight of the pre- and post-payment activities. The HIT Coordinator is responsible for overall coordination of program, oversight and supervision of DXC for pre-payment activities and Myers and Stauffer, L.C. for post-payment activities. The DXC staff is responsible for performing provider enrollment, customer service, help desk support and maintenance of the PI Program system. In addition, DXC supports the review and approval of requests received from the Medicare & Medicaid QualityNet System, monthly payment processing and required Incentive payment reporting. In its role as program administrator, the HIT Coordinator also coordinates provider outreach with Purdue Healthcare Advisors which provides technical services to eligible professionals, hospitals, and CAHs enrolling in the Indiana Medicaid PI Program. As part of the transition and sustainability planning occurring with the sunset of HITECH, FSSA will be evaluating how this role can transition into an enterprise level function.

Public Health – Health Information Technology Strategy

ISDH plans to leverage Promoting Interoperability EPs and EHs as the primary groups for improving the quality, safety, and health of citizens of Indiana. To meet the objectives, ISDH and FSSA continue the projects detailed as in-progress in the As Is section to streamline and improve data collection and quality to support population health. In addition to those projects, the ISDH overall strategic plan includes the following objectives:

- Increase the number of formal information-sharing agreements with other state agencies
- By 2020 fully implement two new communicable disease (NBS) and vital records data reporting/surveillance systems Ensure the ISDH Continuity of Operations Plan is regularly updated and tested.

Section C. Activities Necessary to Administer and Oversee the Promoting Interoperability Program

This section includes a description of the business processes OMPP will employ to ensure that eligible professionals (EP) and eligible hospitals (EH) including Critical Access Hospitals (CAH) have met Federal and State statutory requirements to receive incentive payments in the Promoting Interoperability Program. OMPP plans to use their standard MITA business processes where feasible, and integrate the Indiana PI Program into day-to-day operations in partnership with DXC where appropriate. Examples of state-specific business processes include:

- Provider registration
- Provider eligibility determination and verification
- Medicaid patient volume verification
- Provider attestation
- Query to the Medicare and Medicaid QualityNet Registration System

Concept of Operation and Administration

OMPP administers the Indiana Medicaid Promoting Interoperability Program using resources located within FSSA's Division of Strategies and Technologies. As stated previously, the HIT Coordinator is responsible for the overall coordination of the PI Program. OMPP leverages existing Medicaid business processes to manage the program including provider enrollment, provider payment process, provider audits and state and federal reporting.

Provider Communications

Purdue Healthcare Advisors as the REC and primary responsible entity for outreach to EPs, EHs and CAHs, as well as DXC and Myers and Stauffer, L.C., communicates prior, during, and after each attestation program year. Purdue Healthcare Advisors performs all outreach on attestation and eligibility requirements as well as education on Promoting Interoperability using newsletters, webinars and direct outreach. DXC, the current MMIS Fiscal Agent Vendor, has many communication requirements and touch points currently used with regard to communications within FSSA and OMPP, as well as communicating with Providers and other external entities.

Publications

OMPP and DXC utilize multiple media outlets such as bulletins, banners, newsletters, letters, and the websites (e.g. www.indianamedicaid.com; https://pha.purdue.edu/programs/indiana-medicaid-promoting-interoperability-program; and, www.cms.gov/EHRIncentivePrograms) to communicate Promoting Interoperability relevant information with the Provider Community during the life of the program.

Program Process Audits

Indiana understands the importance of the requirement to monitor, measure, verify, validate, and report activities related to prepayment validation and post-payment audits of providers participating in the Medicaid Promoting Interoperability (PI) Program. To ensure program integrity, FSSA Audit Services, the Indiana Health Coverage Programs (IHCP) finance team, and contractors employ various methods, standards, processes, and procedures to perform the required audit tasks to bring the Indiana Medicaid PI Program into full compliance with Centers for Medicare & Medicaid Services (CMS) regulations.

Providers must submit auditable data and documentation for the PI Program registration and attestation process, and on request for validation and audit procedures. Providers are required to retain all documentation supporting attestation for a minimum of six years after each payment year.

Indiana FSSA Audit Services, the IHCP team, and contracted vendors are committed to implementing program integrity and fraud and abuse detection audit policies, processes, and procedures, when appropriate.

The post-payment review procedures are designed to help identify recoupment indicators and other potential incorrect payments. EPs that received a Medicaid incentive payment are subject to a post-payment review in the form of a desk review or an on-site review. Providers are selected for audits based on proven Medicaid stratification variables, and risk assessment criteria is used before post-payment audits are performed. Typically, post-payment audits begin with desk reviews followed by field audits if a desk review does not conclude audit determinations.

Recent Changes in State Laws and Regulations

At this time, no state laws or regulations have been identified, or are anticipated, that will impact the continued operation of the Program. However, 2020 brings an election year reality and senior positions across state government may experience an impact which could result in shifting HIT strategies. Additionally, all planning activities will be evaluated and prioritized in alignment with the Governor's initiatives for the given year. The Governor's 2020 agenda, for reference, is represented in Figure 5.

Figure 5: Indiana's 2020 Next Level Initiatives

Policy Changes

As regulations from CMS are issued, policies are updated to reflect the changes. Examples of these changes which have been incorporated into the SMHP include changes to the final Stage 3 Promoting Interoperability regulations issued via yearly updates to the Inpatient Prospective Payment System (IPPS) (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page) Physician Fee Schedule,(https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other) and Outpatient Prospective Payment System (OPPS), (www.cms.gov/newsroom/fact-sheets/cy-2020-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-0) rules. DXC, the *Core*MMIS vendor, also closely monitors these rules and assures that MAPIR updates are made accordingly. Similarly, Myers and Stauffer, L.C. maintain each year's changes to assure that annual audits are conducted in accordance with the accurate version.

The ONC Interoperability, Information Blocking, and the ONC Health IT Certification Program Rule, (https://www.healthit.gov/sites/default/files/cures/2020-03/ONC_Cures_Act_Final_Rule_03092020.pdf) and the CMS Interoperability and Patient Access Rule (https://www.cms.gov/files/document/cms-9115-f.pdf) were released March 9, 2020. FSSA will update its provider communications to reflect the expectation that all EPs and EHs will comply with the rule, as well as provide resources to the rule on the Indiana PI website (https://www.in.gov/medicaid/providers/632.htm). FSSA will assure contracted vendors are updating systems and processes to accommodate any changes to PI measures identified within the rule. The Office of Medicaid Policy & Planning (OMPP) will evaluate additional technical requirements for its managed care entities, providers, and beneficiaries to determine any gaps in compliance with the rules. Any gaps will be given priority and action plans, as needed.

HIE/HIT Activities Across State Borders

The Patient Centered Data Home (PCDH) enables the exchange of patient information across HIE organizations. Patients are assigned a "home HIE" based on ZIP codes associated with an HIE. This exchange depends on triggering episode alerts that notify the home HIE of an event that occurs outside the patient's residing region. This trigger alert enables the non-home HIE and the home HIE to share relevant patient information to coordinate better patient care.[2]

Currently, providers from Illinois, Ohio, Michigan, and Kentucky can be enrolled as Indiana Medicaid providers and Indiana Medicaid receives data from these providers. This exchange of information allows Indiana providers who are relying on patients from one of our border state's Medicaid programs to meet volumes for their PI Program eligibility. Additionally, the surrounding states will have access to Indiana Medicaid eligibility and patient volume information to verify corresponding data for providers relying on Indiana information for their states PI Programs.

IHIE is the Heartland Regional Hub for the Patient Centered Data Home, an initiative led by Strategic Health Information Exchange Collaborative (SHIEC). The Patient Centered Data Home (PCDH) is a cost-effective, scalable method of exchanging patient data among health information exchanges. It's based on triggering episode alerts, which notify providers a care event has occurred outside of the patient's "home" HIE, and confirms the availability and the specific location of the clinical data, enabling providers to initiate additional data exchanges to access real-time information across state and regional lines and the care continuum. Each region

[2] HIMSS>PCDH

has a hub and the hubs connect with each other to create a nationwide network as illustrated in Figure 6 and Figure 7.

Figure 6: Nationwide Network of PCDH Connections and Hubs

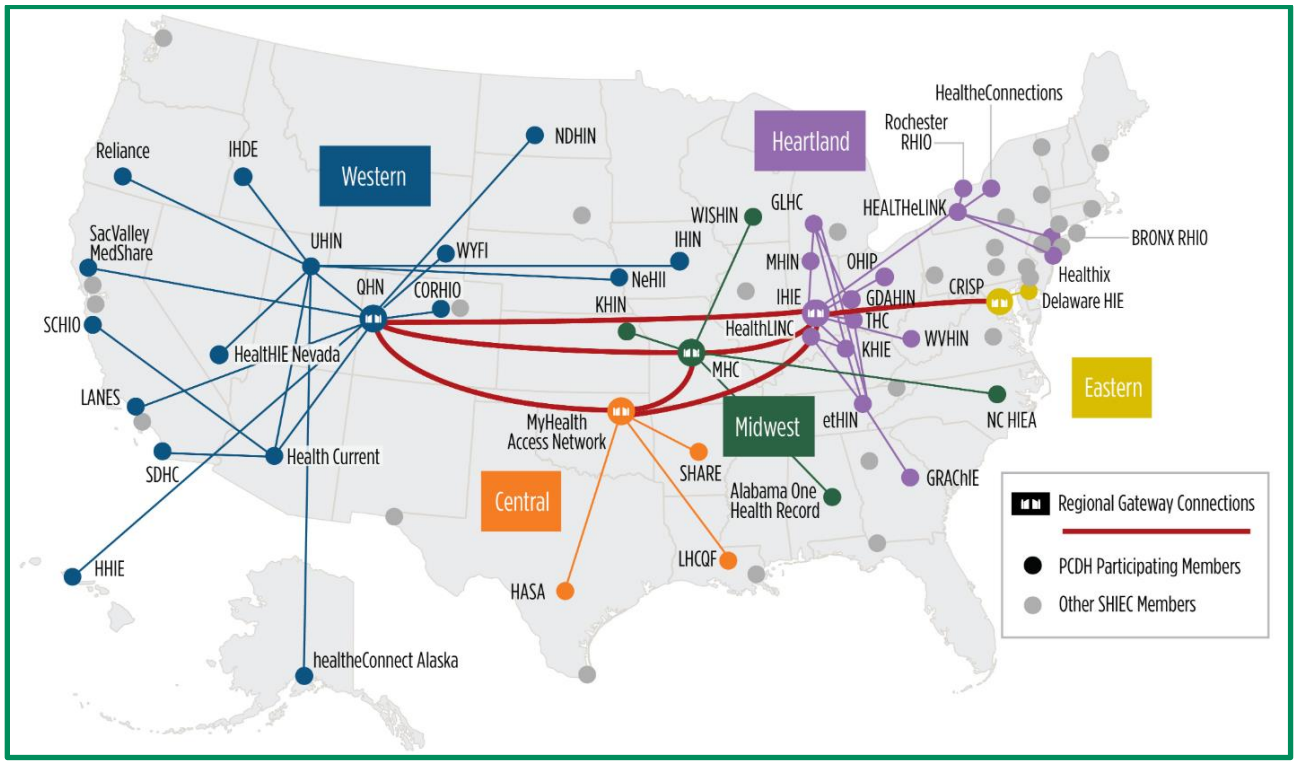
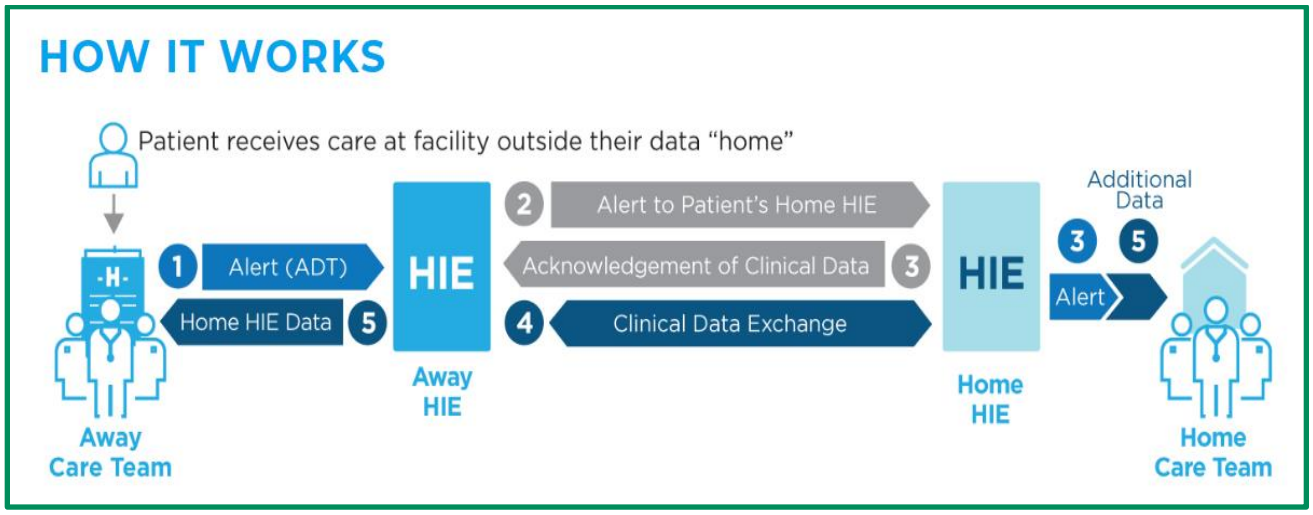


Figure 7: PCDH Data Flow



Privacy Regulatory Changes

On an ongoing basis, FSSA and OMPP ensures the State's HIT and HIE efforts, including the Promoting Interoperability Program, are aligned and fostering stakeholder compliance with appropriate state and federal privacy and security provisions and industry standards.

Early in 2013 final omnibus amendments (the 2013 Amendments) to the Privacy, Security, Breach Notification and Enforcement Rules of the Health Information Portability and Accountability Act (HIPAA) were issued, as directed by the HITECH Act of 2009. The 2013 Amendments included a number of sweeping changes with implications for entities that transmit and analyze health care data. Key provisions expand the definition of a business associate and establish a higher threshold for determining whether a breach occurred. FSSA completed the evaluation and implementation of those changes. The ONC and CMS rules indicated above may also present changes that will need to be implemented by state agencies, provider organizations, and HIEs. IHIE is also HITRUST certified which requires compliance with multiple privacy and security standards with stringent oversight.

Provider Contract Changes

At the time of their enrollment all new IHCP providers are required to execute a provider agreement with OMPP. This agreement addresses the exchange of information, including health information, between the provider and the Indiana Medicaid Agency, OMPP. It also addresses the requirements for providers to comply with all federal and state statutes and regulations, to fully cooperate with federal and state officials in the conduct of inspections, reviews and audits, and to make full reimbursement of any disallowances related to payments previously made. In addition, it includes providers appeal rights and responsibilities.

Provider Eligibility Determination

To be eligible for the Indiana Medicaid Promoting Interoperability Program, a provider must be enrolled as a traditional Medicaid provider and meet certain Medicaid patient volume requirements.

When the EP, EH, or CAH has completed registration in CMS QualityNet System, the provider will be instructed on how to register and attest using Indiana's provider attestation system, MAPIR, which is integrated into Indiana's existing provider web portal portion of CoreMMIS. Providers will be able to log on to the provider portal and complete registration and patient volume. MAPIR User Guides for EHs and EPs are conveniently posted at https://www.in.gov/medicaid/providers/644.htm.

The Provider Healthcare Portal (aka "the portal") is an interactive online application that allows providers to access the IHCP computer system through the Internet. The portal is fast, reliable, secure, free, and does not require providers to obtain or use special software. The product is well known to the Indiana Medicaid Providers who currently use the portal to submit claims, view claims status online, review remittance advice, request prior authorization, inquire about checks, maintain provider profile and demographics, and verify member eligibility and review provider education materials and obtain program manuals for all Indiana Health Care Programs.

The Provider Healthcare Portal serves as the gateway and using their portal sign-in, providers easily link to the MAPIR system to enter enrollment and attestation information. EPs and EHs log on to Indiana's existing provider portal using their valid provider identification number (ID) to register. After entering the CMS Registration Number and receiving confirmation of QualityNet registration, within the portal the system validates eligibility of the provider's enrolled type as well as the National Provider Identifier/Taxpayer Identification Number (NPI/TIN) combination.

The process flowcharts in Figure 8 and Figure 9 show the high level process that EPs and EHs go through to enroll in Indiana's Medicaid Promoting Interoperability Program.

Figure 8: Indiana EP EHR Registration and Attestation Processes

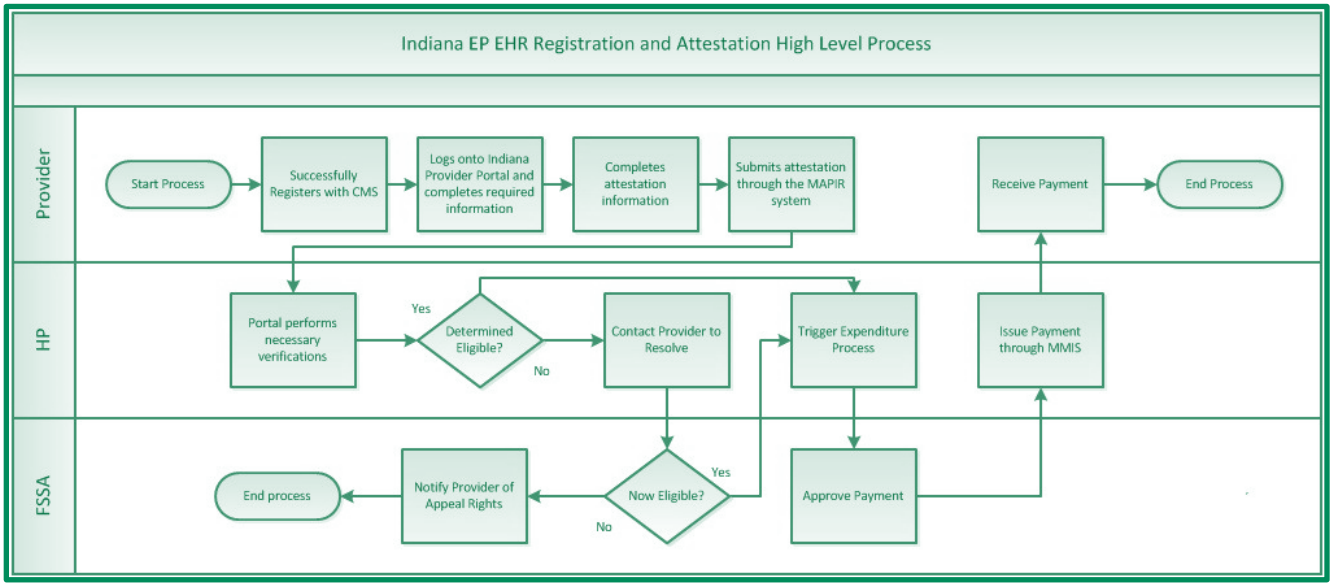
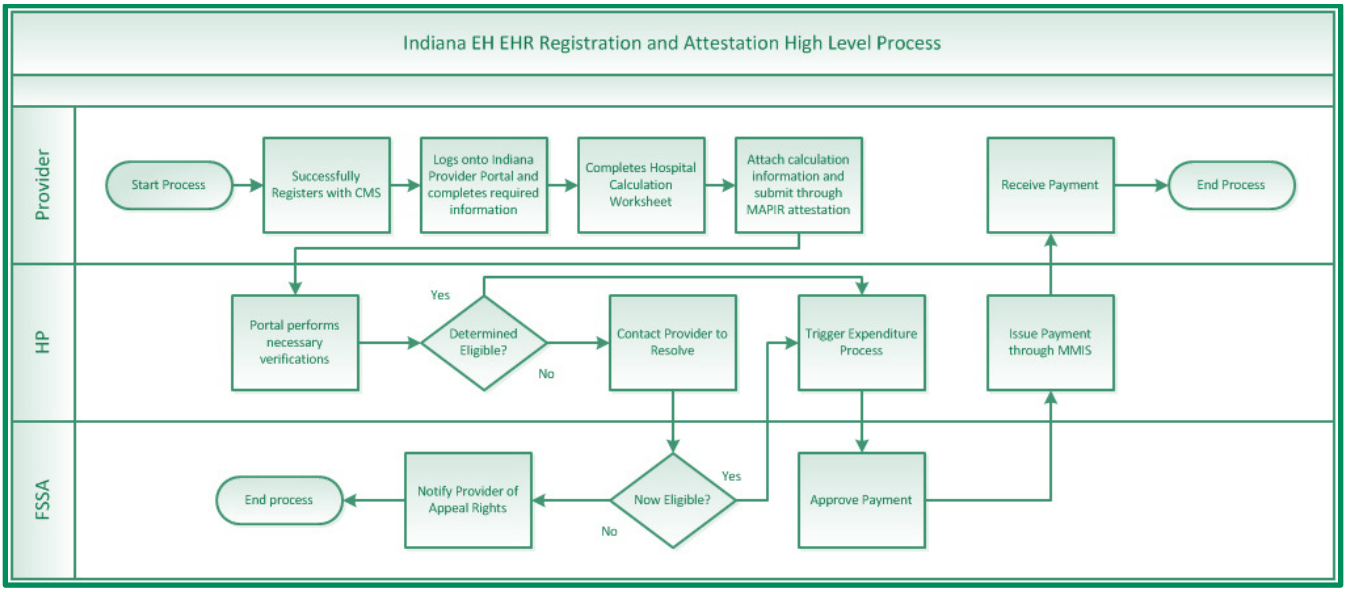


Figure 9: Indiana EH EHR Registration and Attestation Processes



Eligible Providers

The Providers (EPs, EHs, CAHs) eligible to participate in the Indiana Medicaid Promoting Interoperability Program are shown below. EHs are those with a CMS Certification Number (CCN) number within the CCN range defined by CMS. EPs are required to meet Medicaid patient volume criteria on an annual basis. To receive payment from the Indiana Medicaid PI Program, EPs and EHs must first register with the Medicare & Medicaid R&A site and select State of Indiana within the registration system.

EPs and EHs qualifying for eligibility in the Indiana EHR Incentive Program are identified in 6.

Table 6: Providers (EP, EH, and CAH) Qualifying for Indiana Medicaid Promoting Interoperability Program

Eligible Provider	MMIS Designations
Physician (MD/DO)	Type 31 / Specialty 310-346
Pediatrician* (identified on Medicaid provider)	Type 31 / Specialty 345
Dentist	Type 27 / Specialty 271-277
Advanced Practice Nurse**	Type 09 / Specialty 090-095
Physician Assistant	Type 10 / Specialty 100
Hospital – Acute Care, Critical Access, Children's	Type 01 / Specialty 010

*Indiana Medicaid recognizes the specialty "pediatrician" as indicated by the physician on his/her provider agreement and enrollment application.

** Pursuant to 848 IAC 4-1-3 Advanced Practice Nurse (Provider Type 09) includes: Nurse Practitioner, Certified Nurse Midwife and Clinical Nurse Specialist. Advance Practice Nurses are inclusive of all types of Nurse Practitioners and all Nurse Practitioners are included under the Advance Practice Nurse designation.

Providers and hospitals that were not included in ARRA §4201 and are currently not eligible for the Indiana PI Program include behavioral health (substance abuse and mental health) providers and facilities and long term care providers and facilities.

[Note that some provider types that are eligible for the Medicare program, such as Chiropractors, are not eligible for the Indiana Medicaid PI Program. Indiana will conduct outreach activities as necessary to encourage providers who are eligible under the Medicare program only to enroll appropriately.]

Process Validation, Verification, and Sanctions

FSSA has automated many of the process checks in place for possible sanction occurring during SMA verification.

Provider Licensure and Sanction: OMPP's enrollment processes include collection of disclosure information and verification against the List of Excluded Individuals Entities (LEIE) at time of enrollment and reenrollment. All enrollment disclosure information is now fully automated, and data is automatically matched against the monthly Medicare Exclusion Database (MED). When the provider enrolls in the EHR Provider Enrollment System, the system verifies that the provider is valid based on NPI and TIN on file. OMPP has now fully automated this process and automatically checks for current licensure against the most recent file received from the Indiana Professional Licensing Agency (IPL). When the provider is not found on this data file, OMPP verifies information on the Indiana Professional Licensing Agency web site to determine licensure. In addition to the OIG sanction list check by the Medicare & Medicaid EHR Incentive Program R&A, OMPP also manually verifies that the provider is not listed on the OIG sanction list or under state sanctions.

FSSA also has a process for automated queries to access claims and encounters to establish hospital-based status for each EP. Hospital Based Professional: per §495.4 EPs who render more than 90 percent of health care services within a hospital setting are not eligible to participate in the Indiana Medicaid Promoting Interoperability Program. Automating validation of claims/encounter history is currently available. As a result, OMPP has now automated standard queries and the EHR business team validates claims/encounters to ensure the provider is not hospital-based prior to approval of payment. As a result of MU Stage 2 final regulations, EPs who use CEHRT in the inpatient or emergency department of a hospital, are now eligible if they can demonstrate that the EP funds the acquisition, implementation, and maintenance of CEHRT, including supporting hardware and any interfaces necessary to meet meaningful use without reimbursement from an eligible hospital or critical access hospital (CAH).

FSSA also has additional information verifying the use of CEHRT. Meaningful Use Verification: Provider Enrollment System accepts, queries and stores meaningful use measures (Core) and Clinical Quality (Menu) as reported by the eligible provider during their years 2-6. EPs are asked to attest to the numerator and denominator reported, and paid claims/encounters are validated accordingly.

OMPP will rely on Medicare & Medicaid EHR Incentive Program QualityNet accuracy of reported EHR product and EHR certification number as its primary source to verify if a provider has certified EHR technology available. The provider will also be required to include the CEHRT CHPL number on the contractual agreement submitted for each attestation year. Indiana relies on MAPIR to accept provider entry of MU measures and determine accuracy of the numerator and denominator reported to meet these requirements. These verifications may additionally be conducted within the post-payment audit process

Provider Registration Process

All EPs and EHs will access the CMS QualityNet website to register for the program: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation

Information entered into CMS QualityNet will include: NPI, TIN, EHR product and EHR certification number. The CMS certified EHR number that comes from the ONC Certified EHR Health IT Product List (CHPL) website is listed on the CMS QualityNet registration site by the provider at the time of attestation to AIU. The provider will also report that number to Indiana. The MAPIR system completes an automated review of the CMS certified EHR number which is compared to the CHPL site.

All EHs must have a current enrollment record in Provider Enrollment, Chain and Ownership System (PECOS) and have a CCN within the range approved by CMS to participate in the Promoting Interoperability Program. EPs who are only participating in the Medicaid PI Program are not required to have a valid PECOS enrollment record on file.

The last year to begin participation in the PI Program was 2016. As a support, Indiana Medicaid maintains up to date information on their Indiana Medicaid Promoting Interoperability Program Registration page and website.

Processing Payments to Providers

Payments are made directly to enrolled EPs, EHs, or an employer or clinic to which a provider has assigned payment. Incentive payments and 1099s are issued through the MMIS. The state uses the *Core*MMIS specialty listing for purposes of meeting the eligible provider enrollment category. The State identifies administrative costs to administer the program, as well as direct payments to eligible providers who request payment for AIU or demonstrate meaningful use. Reporting on the CMS 37 and 64 reports is available in the MMIS and the standard MITA FFP drawdown business process is used to receive and track incentive monies received from CMS.

It is understood that the QualityNet registration system requires all providers to assign payment at the national level. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation. CMS QualityNet Registration transactions to the State includes not only the EP's Personal TIN, but also the Payee TIN. OMPP assigns the payment at the state level, as the national level has no way to validate the payee TIN/EP TIN combination. A specific funding code is applied to provider incentive payments to enable reporting and payment tracking in the MMIS

Providers determined to be eligible for the Indiana Medicaid PI Program payments are identified and payments made on a weekly basis as incentive payment is requested. Payments are made within 45 days of receipt of the CMS QualityNet registration requesting payment.

Providers determined to be ineligible for the incentive payments are notified via mail of the decision, the reason(s) for the decision, and the process for requesting a reconsideration or appeal. OMPP uses electronic means for notice of eligibility denial to speed the communication with the providers, thus increasing the timeliness of the overall process while also assisting providers by including access or links to program details which provide support and education to all inquiring providers.

System controls are used in the MMIS financial subsystem to ensure appropriate payments and reporting. The State participates in the registration and payment reporting to CMS QualityNet. The system retrieves information from CMS QualityNet based on unique provider NPI and TIN prior to completing the payment process to ensure that EPs or EHs do not collect incentive payments from multiple states.

Eligible Professional (EP) Payment Calculation

The EPs will receive incentive payment not to exceed $21,250 in the first year or maximum of $8,500 in years 2-6. In no case shall an EP participate for longer than six (6) years or receive payment in excess of the maximum $63,750. Per §495.310, an EP may not begin receiving payments later than calendar year 2016. EPs may receive payments on a non-consecutive, annual basis. No attestations will be accepted after program year 2021 and all payment will be made within 45 days of the attestation date. The payment calculation for EPs is automated within MAPIR.

Pediatricians attesting to a patient volume between 20% - 29% receive 2/3 of the incentive payment amount. The Pediatrician will not receive more than $14,167 in the first year and not more than $5,667 for subsequent years. The total incentive payments for six years will not exceed $42,500. All other requirements noted above for an EP remain the same.

Provider National Provider Identifier (NPI)

OMPP currently requires that all providers submit a valid NPI as a condition of Medicaid provider enrollment. Each EP or EH will be enrolled as an IHCP provider and will therefore, without any change in process or system modification, meet the requirement and have reported an NPI. OMPP will perform a search to validate NPIs during the enrollment process.

Role of Contractors in Indiana Promoting Interoperability Program Implementation

Indiana works closely with DXC (formerly known as Hewlett Packard [HP]), the current MMIS contractor to operate the Indiana Promoting Interoperability Program. In order to implement the program starting in May 2011, OMPP leveraged the EHR system solution that was in place and implemented in Oklahoma. Indiana received written approval from CMS to use funds approved under the SMHP Planning Advanced Planning Document (P-

APD) to fund Indiana's portion of the payment system development effort. Indiana then submitted an IAPD to transfer funds for system development from the P-APD to the implementation phase, as well as for funding other program implementation and operations costs. The initial SMHP IAPD was submitted and approved on April 26, 2011.

Indiana is now using MAPIR, along with 13 other states, for provider eligibility and Promoting Interoperability attestations. DXC maintains and supports MAPIR on behalf of Indiana. MAPIR contains screens for providers to enter required information and attest to patient volumes, enter meaningful use measures, etc. as well as functioning as the direct interface to CMS QualityNet. Indiana is leveraging existing MITA business processes and capabilities, and utilizes DXC's help desk, provider services and call center for enrollments and payments inquiries. Purdue University's Healthcare Advisors also plays a crucial role in Indiana's provider outreach, and has since the PI Program's inception in our state.

The state currently contracts with Myers and Stauffer, L.C. to execute post payment audits for eligible providers and hospitals.

Reporting Requirements

In order to ensure that no amounts higher than 100% of FFP will be claimed for reimbursement, payment to Indiana Medicaid PI Program eligible providers are reported on separate lines on the CMS 64 and 37 reports. These reports are reviewed for accuracy and deficiencies prior to submission to CMS.

OMPP submits program participation data to CMS including data for the number, type, and practice location(s) of providers who qualified for an incentive payment on the basis of having adopted, implemented, or upgraded certified EHR technology or who qualified for an incentive payment on the basis of having meaningfully used such technology.

Coordination with Medicare to Prevent Duplicate Payments

OMPP relies on CMS QualityNet to support the registration of Indiana providers wishing to participate in the Indiana Medicaid PI Program. OMPP evaluates transactions from CMS QualityNet to determine if providers eligible for both Medicaid and Medicare payments have already received Medicare payments.

MAPIR has an electronic bi-directional interface with CMS QualityNet. Specification details for this interface are described in the MAPIR system documentation provided separately to CMS.

Incentive Payment Recoupment

In the event OMPP determines monies have been paid inappropriately, the existing recoupment process is leveraged to recover the funds. An Accounts Receivable (AR) record is created associated with the appropriate provider and the payment identified as an overpayment. If payment amounts need to be collected, they are refunded to CMS via the appropriate CMS 64 adjustment. Indiana Medicaid policy allows OMPP to work out an acceptable repayment period dependent upon the provider circumstances and the amount of the AR.

Indiana considers provider incentive payment as revenue to the provider and shown on the provider's annual 1099. When the provider is currently identified as a provider for whom payments are being offset through MMIS to recoup monies paid in error, the incentive payment is withheld, partially or in full, to satisfy monies owed to the Medicaid program.

ARs can be manually established in the *Core*MMIS through the AR entry window. Or, an AR can be established in the MMIS through MAPIR. This process is described in the MAPIR Administrative User Manual. Once the AR is

established, Finance staff has the ability to turn the manual recoupment indicator on or off. If the manual recoupment indicator is turned on, then the system will not recover money from any payments, and all recoupment must be applied manually through the AR Disposition window for that record. Finance staff also has the ability to choose how the system will recoup money. The system will recover either a user specified percentage of each payment, or a user specified payment rate. Finally, the user can specify a weekly maximum recoupment amount for a Provider/Service location from the Provider AR Recoupment limit window. If a recoupment limit record exists, the system will not recoup any money once the weekly recoupment limit has been recovered.

These funds are identified as Indiana PI Program reversals and as such reduce the amount of the Quarterly Provider Incentive Payment Federal Fund draw.

OMPP has procedures to verify the eligibility for payments and disbursement of provider payments. Monies are recouped if there are overpayments or erroneous payments. A system is in place to fight fraud and abuse, ensuring that there is no duplication of payment between Medicare and Medicaid as well as no duplication with other neighboring state's payments. Indiana uses CMS QualityNet to identify and prevent duplicate payments with Medicare and neighboring states.

In addition, processes are in place to identify when income is taxable, and if so to report it to the Internal Revenue Service (IRS) on form 1099. Reports are made to the federal government as required. ARRA reporting has been established, and a determination made of what financial information is to be reported on the CMS 64 Reports.

Provider Appeals

OMPP has a process in place for an eligible provider to appeal repayment requests and provider eligibility determinations. OMPP has established an administrative review process to speed determinations—in this case, providers must obtain review from the contractor before filing an appeal with the state. The appeal process includes provider appeal of payments, provider eligibility determination and demonstration of efforts to adopt, implement, upgrade, or meaningfully use certified EHR technology.

OMPP leverages existing processes in place to manage formal provider appeals. OMPP works to minimize the number of complaints that require a formal appeals process by working closely with providers throughout the process. Complaints are defined as problems reported by providers that have been escalated to management level for resolution. Complaints are documented by the fiscal authority (FA). The FA reviews and approves the request or forwards the request to next level reviewers.

OMPP staff contacts the provider by phone to review eligibility requirements and provider's eligibility information. A formal letter of denial with appeals rights is generated to those providers in "provider not eligible status." Structured protocols and documentation exist to move the communication up the complaint channel. Provider Appeal criteria are specific and noted by regulation. Requests for documents are managed manually. Confidential documents are transferred by certified mail. Verification of information is handled and documented manually.

The Provider Manual includes information on how a provider may submit an appeal for the Indiana Medicaid PI Program.

Federal Financial Participation (FFP)

OMPP authorizes each incentive payment due to the provider through MAPIR and subsequently the MMIS system. EPs are offered a choice of direct or assigned payments. In the case where the provider is a member of a group and chooses to assign the incentive payment to the group, these payments will be made to a group consistent with existing MMIS capabilities.

Promoting Interoperability and Patient Volume Criteria

Meaningful Use Measures – General Statement

Historically, Indiana used the Meaningful Use measures, effective for 2013, as defined in the Final Stage 2 Rule at §495.6, Meaningful Use Objectives and Measures for EPs, EHs and CAHs. Updates to these rules were issued in September 2014 (2014 Flexibility Rule) at which time they were implemented in the program. These rules were again updated in 2015 (Modifications to Meaningful Use in 2015-2017 Rule) which have been incorporated.

Beginning in 2019, all eligible professionals (EPs), eligible hospitals, dual-eligible hospitals, and critical access hospitals (CAHs) are required to use 2015 edition certified electronic health record technology (CEHRT) to meet the requirements of the Promoting Interoperability Programs. Note that the requirements for eligible hospitals, dual-eligible hospitals, and CAHs that submit an attestation to CMS under the Medicare Promoting Interoperability Program were updated in the 2019 IPPS final rule. Additionally, the 2019 Medicare Physician Fee Schedule (PFS) Final Rule made changes to the previously established Stage 3 Objectives and Measures. The threshold for Stage 3 Objective 6, Measure 1 (View, Download, Transmit) and Measure 2 (Secure Messaging) was set at five percent for the remainder of the Medicaid Promoting Interoperability Program. In addition, the requirement that only EPs in urgent care settings can use the Syndromic Surveillance measure to meet the Objective 8 (Public Health) was removed.

Patient Volume Criteria by Program

Indiana Medicaid services are provided to beneficiaries through multiple delivery systems. For purposes of the Indiana Medicaid PI Program, the enrolled beneficiaries in the following programs are considered toward meeting patient volume:

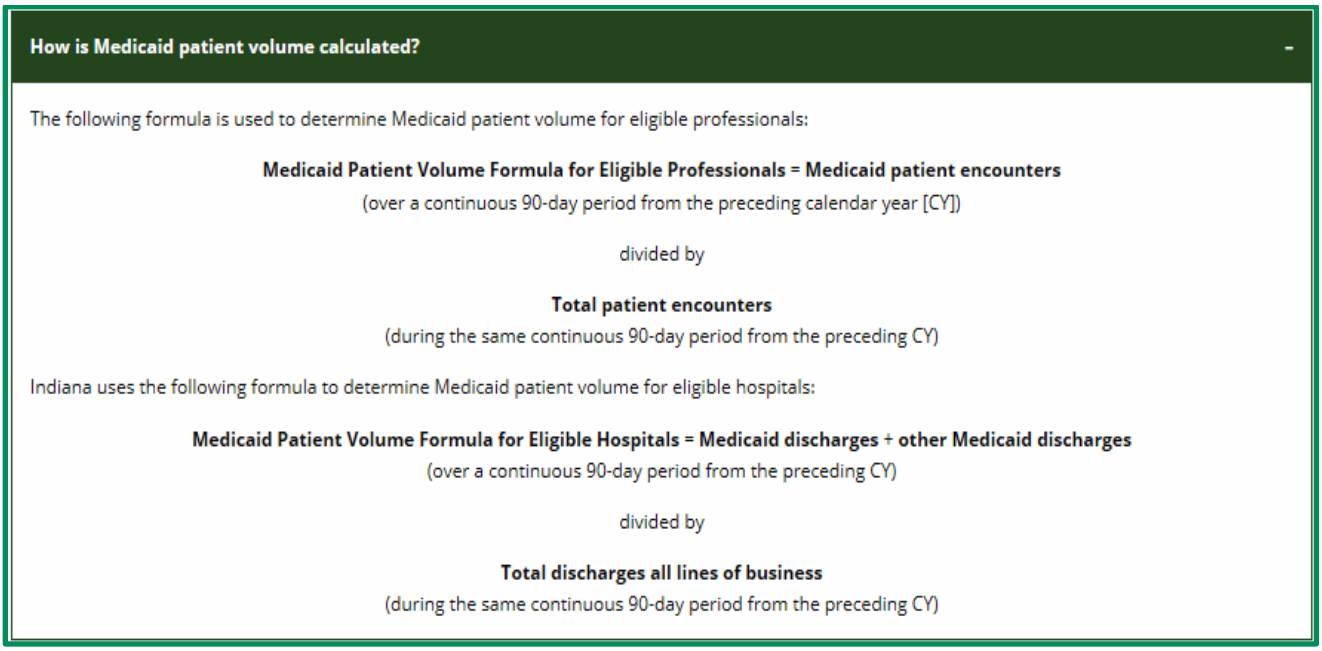
- Hoosier Healthwise - Hoosier Healthwise is Indiana's health care program for low income families, pregnant women, and children.
- CHIP Package A - Effective January 1, 2013, in accordance with changes made in the MU Stage 2 regulations, Indiana added CHIP Package A beneficiaries as eligible to be considered toward meeting patient volume. CHIP Package A (the Medicaid expansion portion) covers uninsured children in families with incomes slightly higher than the Hoosier Healthwise program.
- Hoosier Care Connect - Hoosier Care Connect is a health care program that is designed to serve Medicaid beneficiaries who may have special health needs or benefit from specialized attention. Care Connect serves the aged, blind, disabled, wards of the court and foster children, or children receiving adoptive services and beneficiaries must also have one of the following medical conditions: Asthma, Diabetes, Heart Failure, Congestive Heart Failure, Hypertensive Heart and Kidney Disease, Rheumatic Heart Illness, Severe Mental Illness, Serious Emotional Disturbance for Wards and Fosters, and Depression.
- Healthy Indiana Plan (HIP) - The HIP plan covers individuals who do not live with a dependent child, and parents who earn up to approximately $44,000 annually for a family of four, have been uninsured for six months and do not have access to insurance through their employer.
- Traditional Medicaid - Traditional Medicaid is a low-income healthcare program that offers medical care such as doctor visits, prescription drugs, dental and vision care, family planning, mental health care, surgeries and hospitalizations. The Traditional Medicaid program is for individuals who have both Medicaid and Medicare eligibility, have a spend down/monthly deductible, or are refugees.

Patient Volume Calculation

To calculate patient volumes for the Indiana Medicaid PI Program, OMPP defers to the option at 42 CFR 495.306(c), which employs the patient encounter methodology.

The formulas in Figure 10 are used to determine Medicaid patient volume for EPS and EHs:

Figure 10: Medicaid Patient Volume Calculation for EPs and EHs in Indiana



For FQHC or RHC EP, a Medicaid EP is considered to be practicing predominantly in a federally qualified health center or rural health clinic when the clinical location for more than 50% of the EP's total patient encounters over a period of six months within the prior calendar year (or preceding 12-month period from the date of attestation) is at a federally qualified health center or rural health clinic. EPs that fall in this category must have a minimum of 30% of their patient volume attributable to needy individuals.

"Needy individuals" are individuals that meet one of the following criteria:

- Received medical assistance from Medicaid or the Children's Health Insurance Program (CHIP) or a Medicaid or CHIP demonstration project approved under section 1115 of the Social Security Act
- Were furnished uncompensated care by the provider
- Were furnished services at either no cost or reduced cost, based on a sliding scale determined by the individual's ability to pay

The EP enters the numerator and denominator as detailed in the patient volume formula to calculate the "needy individual" patient volume.

For patient volume calculations all populations funded by Title XIX and Title XIX expansion are considered eligible, and may be used in the numerator of the patient formula ratio. Additionally, providers may count in the numerator any service rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability. This includes zero-pay claims and encounters. Also, providers may count in the numerator of the patient volume

ratio of out-of-state Medicaid recipients, if properly documented and needed to meet the patient threshold. FQHCs and RHCs will be able to use Title XXI members as well to calculate the needy individual calculation.

OMPP is using unique claims/encounter claims for the calculation of patient volume rather than using panel size or more complex equations. All fee-for-service and encounter information is captured in the MMIS, making retrieval of claims/encounter data possible for all Medicaid patients (see Table 7).

Table 7: Patient Volumes for Indiana EHR Incentive Program

EP Type	Patient Volume from the previous calendar year (from the program year) or 12 months preceding attestation date.
Physicians (MD or DO)	30 %
Dentists	
Advanced Practice Nurses*/Nurse Practitioners or Certified Nurse Midwifes	
Physicians (MD or DO), Dentists, Certified Nurse-Midwives, Advanced Practice Nurses*/Nurse Practitioners, and Physician Assistants who are practicing predominantly in an FQHC or RHC	For Medicaid EPs in FQHC or RHC – 30% Needy Individuals (*including Hoosier Healthwise Title XIX and CHIP Title XXI members)*
Pediatricians** *(identified on Medicaid provider agreement)*	30% - EP receives full incentive payment Patient volume = 20 – 29% the pediatrician may qualify for 2/3 incentive payment

**Pursuant to 848 IAC 4-1-3 Advanced Practice Nurse (Provider Type 09) includes: Nurse Practitioner, Certified Nurse Midwife and Clinical Nurse Specialist. Advance Practice Nurses are inclusive of all types of Nurse Practitioners and all Nurse Practitioners are included under the Advance Practice Nurse designation.*
***Indiana Medicaid recognizes the specialty "pediatrician" as indicated by the physician on his/her provider agreement and enrollment application.*

Dependence upon Federal Initiatives

Despite the presence of Indiana's long established and successful HIE networks, OMPP has been dependent on the success of HITECH and other federal initiatives to advance priorities for Indiana's essential HIT/HIE infrastructure serving public health care programs. Specifically, for Indiana, these priorities include supporting individual providers to adopt and effectively utilize new information system capacity i.e. EHRs and HIE, and to enhance the safety, quality and overall value of health care services provided to Medicaid and CHIP enrollees. As the OMPP's HIE partners have experienced, support from federal initiatives has "raised the bar" for what can be accomplished in building HIE capacity and redefining health care business operations.

As HITECH Act funding is phased out, Indiana is dependent upon its working relationships with ONC, CMS and other agencies to take advantage of remaining resources, leverage opportunities for technical assistance, and to share the results of HIT innovations and testing projects for lessons learned, risk mitigation strategies, best practices, and specific examples of how EHRs and electronic exchange can further benefit both providers and members.

Moving forward, Indiana is dependent upon CMS as a critical partner in ongoing efforts to build and sustain organizational infrastructure and operations. This includes being able to leverage federal resources to sustain coordination with the effective HIE governance and the role of the HIT coordinator to continue the successful multi-sector collaboration and coordinated efforts to leverage investments in HIT and HIE technology.

Overall, Indiana is dependent upon federal agencies for continued support through rule making, standards development and public policy. Coordination among federal agencies and initiatives is important for its impact at the state level to streamline quality reporting efforts and find ways for the HIE marketplace to leverage effective Meaningful Use requirements and subsequent CQM measures.

Section D. The State's Audit Strategy

Indiana submitted the Audit Strategy under separate cover to CMS on June 19, 2020 and CMS approved the Audit Strategy on August 24, 2020.

Section E. The State's HIT Roadmap

In its initial SMHP, OMPP focused on the planning and implementation tasks necessary to ensure implementation of the Promoting Interoperability Program. It also laid out a comprehensive roadmap spanning several years to achieve incremental goals and objectives for realizing HIT and HIE capacity. As the Promoting Interoperability Program approaches its conclusion, the planning has shifted from implementation and onboarding to enhancement and sustainability. This section includes an updated overview of how Indiana plans to move from the current "As Is" HIT environment to achieve the "To Be" vision for health information exchange. It reflects the progress that has been made as well as the new opportunities that have arisen. This updated view of Indiana's HIT Roadmap incorporates the next challenges for sustaining Promoting Interoperability successes and to prepare for future rules impacting Medicaid and Health IT.

FSSA considers four strategic concepts that have been traditionally used to serve as the vision and pathway for the state's HIT environment and may be considered broad goals that the state is in the process of developing benchmarks:

1. Connecting data sources
2. Promoting interoperability
3. Improving outcomes
4. Leveraging Federal/State Initiatives.

As national standards continue to further develop and through the various targeted projects underway, the state will continue HIE and PI efforts to work within the state HIT landscape to foster increased interoperability, data standardization, and security. The strategies formerly pursued and the continuation of these activities by FSSA, EPs and EHs (including CAHs) will continue to gain and expand connectivity and the ability to exchange health information.

Progress remains ongoing as demonstrated by the various HIE interoperability and connection projects documented in the state's As-Is Landscape and its Advance Planning Document Updates which are currently pending CMS review.

Presently, the state has accomplished a high percentage of Providers and Hospitals that are now associated with IHIE, the single statewide HIE. IHIE serves not only Indiana but also participants in all contiguous states, as well as additional states via the Patient Centered Data Home project. Below represents a snapshot of the demographics served at this time.

- 117 hospitals, representing 38 health systems
- Data on 95% of the Indiana population
- 18,558 practices with 52,078 providers
- 16 million+ patients
- 13 billion+ clinical data elements
- In planning stages for statewide Indiana EMS and urgent care center connectivity

Having already achieved this level of success, FSSA and IHIE are embarking on strategic planning for next level provider expectations. Initial benchmarks identified via the renewed collaboration with the recently-consolidated IHIE that have been identified are to make annual progress on the following goals:

- Fully connect 100% of Indiana hospitals.
- Fully connect FQHCs, CHCs, and RHCs

Audit Benchmarks

Per Section D. the Audit Strategy was sent under separate cover and approved by CMS. The state's audit benchmarks are represented in Table 8.

Table 8: Audits Benchmarks by Program Year

Type of Review	Number Planned	Number Completed	Planned Completion Date	Actual Completion Date
2012 EH AIU	Not Available	14	Not Available	2/26/2013
2012 EP AIU	Not Available	55	Not Available	4/22/2013
2012 EP MU	85	85	4/30/2015	4/30/2015
2013 EH AIU	Not Available	24	Not Available	2/20/2014
2013 EP AIU	Not Available	333	Not Available	5/16/2014
2013 EP MU	136	136	3/29/2016	3/29/2016
2014 EH AIU	Not Available	2	Not Available	1/16/2015
2014 EP AIU	Not Available	75	Not Available	1/28/2015
2014 EP MU	128	128	12/29/2016	12/29/2016
2015 EH AIU	0	0	-	-
2016 EP AIU	56	47	4/14/2016	4/28/2016
2015 EP MU	123	124	11/30/2017	11/30/2017
2015 EH MU	1	1	3/29/2019	3/29/2019
2016 EH AIU	1	1	5/12/2017	5/5/2017
2016 EP AIU	44	44	7/6/2017	7/5/2017
2016 EP MU	121	122	9/28/2018	9/28/2018
2016 EH MU	1	1	6/30/2020	6/30/2020
2017 EP MU	122	122	10/31/2019	10/31/2019
2018 EP MU	122	122	9/30/2020	9/30/2020
2019 EP MU	120	TBD	10/31/2021	TBD
2020 EP MU	60	TBD	6/30/2022	TBD
2021 EP MU	60	TBD	6/30/2023	TBD

Moving from "As Is" to "To Be" HIT Landscape

Table 9 captures the universe of HIT projects, many which are currently underway, that are part of a set of incremental planning and implementation activities that impact or are impacted by the Promoting Interoperability Program.

OMPP is focused on its next phase of activity, including sunset of operations and audits for Promoting Interoperability, business process improvements, and enterprise planning to integrate Health IT projects into MITA business process improvement. Beyond the initiatives in Table 9 OMPP continues to take a targeted approach toward projects that promote the four "pillars" of the state's comprehensive HIT/HIE strategy:

1. Data access
2. Interoperability
3. Improving outcomes
4. Supporting federal and state health care programmatic initiatives

Within this context, OMPP is currently focused on specific Medicaid HIT/HIE strategic priorities that are timely with the goal of advancing health information capacity to the next level. Top priorities for Medicaid include enhancing

data quality and analytics, enterprise planning and governance of Health IT projects, compliance with current and future technical standards, expanding HIE projects to divisions and agencies previously not incorporated with Promoting Interoperability planning.

Tactics to Support and Achieve the Strategy for the HIT Roadmap

As a result of the 2019 HIE Assessment, many strategies were identified and existing strategies expanded. The following tactics are necessary to support the strategies outlined in Table 9:

- Continued collaboration with public private stakeholder engagement and technology implementations
- Monitor Indiana's HIT and HIE portfolio management and progress
- Transparent measurement and reporting on federal/state funded programs and HIE market progress
- Coordination with Medicaid programs providing support and solutions identifying opportunities for underserved populations
- Medicaid quality measurement strategies supporting MCEs
- Support and coordination with ISDH Public Health IT Strategy improving the quality, safety, and health of citizens of Indiana through improved data collection and data quality supporting population health measurement

Table 9: OMPP HIT Roadmap (Includes HIT/HIE and Mission-Critical Administrative Systems)

HIT Roadmap Goal	"As Is"	Tactics to Support and Achieve	"To Be"
Promoting Interoperability Program	All EPs who chose to participate have entered the program; many have completed all 6 years of payments. Submit IAPD to encompass dates through end of PI program	Maintain contractual engagements with DXC, PHA, and MSLC for PI Program operations	Comply with requirements and issue remaining payments through CY 2021 Complete final audits by end of FFY 2023

HIT Roadmap Goal	"As Is"	Tactics to Support and Achieve	"To Be"
HIT/HIE Governance	Formal governance has not existed since the disbanding of IHIT. IHIE maintains its own governance as non-profit. Recognition that HITECH funds are sunsetting and a transition plan is required for sustainability.	Complete a thorough evaluation of current Governance models in other states to present as examples. Complete a thorough evaluation of key state agencies' and departments' goals to highlight congruous efforts. Develop pathway to map current and future health information projects, that would have previously been applicable to HITECH funds, to MITA processes and outcomes-based certification. Develop recommendations to establish and support enterprise level decision-making structure.	Formalized governance structure to incorporate key stakeholder feedback and identify priority projects statewide. Achieve sustainability via transition to MMIS funding
State Psychiatric Hospitals Enterprise Clinical System	Cerner EHR had successful go-live in 2019. Currently adding additional interfaces not completed during initial implementation.	Complete implementation for additional interfaces. Evaluate future system enhancements and create plan.	EHR fully integrated to receive results electronically. Implement DIRECT or Commonwell messaging to receive outside encounter data, including from CMHCs.
Public Health Promoting Interoperability Assistance	PI Portal enhancement project is currently in the process of implementation. Electronic Case Reporting has been planned.	Continue implementation of PI Portal and data quality project. Add implementation of eCR to PI Portal Project.	Improved and increased public health data reporting. Improved data quality. Utilize data realized by eCR implementation to plan interventions, such as for opioid overdoses. Improve and automate HL7 message error resolution.

HIT Roadmap Goal	"As Is"	Tactics to Support and Achieve	"To Be"
Behavioral Health Integrated Care Coordination	DMHA, in coordination with OMPP Health Homes project team, are in the planning and requirements development phase to evaluate population health and care coordination platforms.	Submit IAPD for funding to implement a new platform. Develop RFP for vendors to bid on project.	Integrated behavioral and physical clinical health data for Community Mental Health Centers and additional integrated care sites. HIE clinical data delivery for CMHC patients. Improved quality and outcome analytics capability.
Department of Corrections Clinical Data Exchange	Requirements have been developed for connecting IHIE to DOC's NextGen EHR system.	Submit IAPD to support project funding. Execute contracts and MOUs. Implement CCD delivery to NextGen.	Continuity of care at time of intake and release from a correctional facility. Improve transitions of care back to Medicaid Managed Care Entities and the community.

MMIS-Related Activities

Replacement of the MMIS to *Core*MMIS in February 2017 represented an enormous technical move forward for the Indiana Medicaid program. In addition to web-based graphical user interfaces (GUIs), Medicaid operations, members and providers alike benefit from the enhanced interoperability features of the *Core*MMIS. The new technology (e.g., SOA and ESB) continues to improve data sharing with ISDH and other stakeholders.

In addition to MMIS replacement, a number of projects are being considered and some are in the planning stages to expand, leverage or replace existing systems and features, subsequent with the completion and rollout of *Core*MMIS:

- OMPP has implemented Enterprise Data Warehouse (EDW, known as Decision Support System (DSS).
- A new Pharmacy Benefit Manager initiative, which facilitates e-Prescribing among Medicaid providers and pharmacies, has also been awarded and is being implemented.
- Currently, FSSA is in the process of documenting all agency APDs for a centralized tracking and oversight process. Governance initiative is also a key driver and expected to help FSSA and Indiana Medicaid transform HIE operations as well as help provide strategic direction as the states transitions from HITECH funding to MMIS funding.